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CHAPTERS IN THE HISTORY OF THE INSANE

ORIGINAL BUILDING OF THE RETREAT, YORK. INSTITUTED 1792.

From a Painting by Cave.]

[*Frontispiece.*

CHAPTERS

IN THE

HISTORY OF THE INSANE

IN THE BRITISH ISLES

BY

DANIEL HACK TUKE, M.D., F.R.C.P.

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"I might multiply these instances almost indefinitely, but I thought it was desirable just to indicate the state of things that existed, in order to contrast the Past with the Present."—EARL OF SHAFTESBURY.

WITH FOUR ILLUSTRATIONS

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PROFESSOR OF PATHOLOGY AND SURGERY, ROYAL COLLEGE OF SURGEONS, ENGLAND,

IN MEMORY OF

A LONG FRIENDSHIP.

PREFACE.

I THINK it was Pascal who said that the last thing an author does in making a book is to discover what to put at the beginning. This discovery is easily made in the present instance.

I wish to state that the range of this book, as its title implies, is mainly restricted to the salient points of the historical sketch it attempts to pourtray. To have written a complete History of the Insane in the British Isles would have necessitated the narration of details uninteresting to the general reader. Hence, as the periods and the institutions of greatest importance have alone been brought into prominence, others have been inevitably thrown into the shade. Thus Bethlem Hospital has occupied much space as the centre around which gathers a large amount of historic interest, having been with our forefathers almost the only representative for many centuries of the attempt to provide for the insane in England—the outward symbol of nearly all

they knew on the subject. To the Retreat at York, again, considerable attention has been devoted in this history, as the cradle of reform which made the year 1792 the date of the new departure in the treatment of the unhappy class, on whose behalf the various charitable and national acts recorded in this volume have been performed.

Lincoln and Hanwell also, which in the course of time were the scenes of redoubled efforts to ameliorate the condition of the insane, have received in these pages a large, but certainly not too large, measure of praise; and the writer would have been glad could he have conveniently found space for a fuller description of the good work done at the latter establishment.*

Of no other malady would the history of the victims demand so constant a reference to legislation. In the chapter devoted to it, the Earl of Shaftesbury has formed the central figure, honourably distinguished, as have been several other members of the legislature in the same cause, both before and after the year 1828, when as Lord Ashley he seconded Mr. Gordon's Bill, and first came publicly forward in support of measures designed to advance the interests of the insane. A laborious and sometimes fruitless examination of *Hansard*, from

* The reader is referred to Dr. Conolly's "The Treatment of the Insane without Mechanical Restraints" (1856) for more details.

the earliest period of lunacy legislation, has been necessary in order to present a continuous narrative of the successive steps by which so great a success has been achieved.

No one knows so well as the historian of an important and extended movement like this, the deficiencies by which its recital is marred, but I trust that I have at least succeeded in supplying a want which some have long felt, in placing before the British reader the main outlines of a history with which every friend of humanity ought to be acquainted. Its interest, I need hardly urge, extends far beyond the pale of the medical profession, and no one who has reason to desire for friend or relative the kindly care or the skilful treatment required for a disordered mind, can do otherwise than wish gratefully to recognize those who, during well-nigh a century, have laboured to make this care and this treatment what they are at the present day.

In conclusion, it remains for me to express my obligations to those who have in various ways rendered me assistance in the prosecution of this work. In addition to acknowledgments made in the following pages, I have pleasure in thanking Dr. McDowall, of Morpeth, for the use of manuscript notes of works bearing on the first chapter; as also Mr. S. Langley. I have to thank Mr. Coote, of the Map Department at the British

Museum, and Mr. F. Ross, for help in preparing the chapter on Bethlem Hospital; also Dr. W. A. F. Browne of Dumfries, and Dr. Clouston of the Edinburgh Royal Asylum, for valuable information utilized in the chapter on the history of the insane in Scotland. Lastly, in the preparation of this, as of other works, I am greatly indebted to the ever-willingly rendered assistance of Mr. R. Garnett, of the British Museum Reading Room.

4, CHARLOTTE STREET,
BEDFORD SQUARE,
June 12, 1882.

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CHAPTER I.

MEDICAL AND SUPERSTITIOUS TREATMENT OF THE INSANE IN THE OLDEN TIME.

AMONG our Saxon ancestors the treatment of the insane was a curious compound of pharmacy, superstition, and castigation. Demoniacal possession was fully believed to be the frequent cause of insanity, and, as is well known, exorcism was practised by the Church as a recognized ordinance. We meet with some interesting particulars in regard to treatment, in what may be called its medico-ecclesiastical aspect, in a work of the early part of the tenth century, by an unknown author, entitled "Leechdoms, Wortcunning, and Starcraft of Early England," or, as we should say, "Medicine, Herb Treatment, and Astrology." It forms a collection of documents never before published, illustrating the history of science in this country before the Norman Conquest.* It clearly appears that the Saxon leeches derived much of their knowledge directly from the Romans, and through them from the Greeks, but they also possessed a good deal of

* Collected and edited by the Rev. Oswald Cockayne, M.A., 1865. Published under the direction of the Master of the Rolls.

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their own. The herbs they employed bespeak considerable acquaintance with botany and its application to medicine as understood at that day. The classic peony was administered as a remedy for insanity, and mugwort was regarded as useful in putting to flight what this Saxon book calls "devil sickness," that is, a mental malady arising from a demon. Here is a recipe for "a fiend-sick man" when a demon possesses or dominates him from within. "Take a spew-drink, namely lupin, bishopwort, henbane, cropleek. Pound them together; add ale for a liquid, let it stand for a night, and add fifty libcorns * or cathartic grains and holy water." † Here, at any rate, we have a remedy still employed, although rejected from the English Pharmacopœias of 1746 and 1788—henbane or hyoscyamus—to say nothing of ale. Another mixture, compounded of many herbs and of clear ale, was to be drunk out of a church-bell,‡ while seven masses were to be sung over the worts or herbs, and the lunatic was to sing psalms, the priest saying over him the *Domine, sancte pater omnipotens.*

Dioscorides and Apuleius are often the sources of the prescriptions of the Saxons, at least as regards the herb employed. For a lunatic it is ordered to "take clove wort and wreathe it with a red thread about the man's swere (neck) when the moon is on the wane, in the month which is called April, in the early part of October; soon

* Corn or seed to cure bewitching (Saxon). Supposed to be the seeds of "wild saffron."

† *Op. cit.*, vol. ii. p. 137; Leech Book, I. lxiii.

‡ That is, a small bell used in the church, probably the acolyte's. St. Fillan's was twelve inches high. See *postea.*

he will be healed." Again, "for a lunatic, take the juice of teucrium polium which we named polion, mix with vinegar, smear therewith them that suffer that evil before it will to him (*before the access*), and shouldest thou put the leaves of it and the roots of it on a clean cloth, and bind about the man's swere who suffers the evil, it will give an experimental proof of that same thing (*its virtue*)." *

It is greatly to be regretted that the virtues ascribed to peony, used not internally, but in the following way, are not confirmed by experience. "For lunacy, if a man layeth this wort peony over the lunatic, as he lies, soon he upheaveth himself hole; and if he have this wort with him, the disease never again approaches him." †

Mandrake, as much as three pennies in weight, administered in a draught of warm water, was prescribed for witlessness; and periwinkle (*Vinca pervinca*) was regarded as of great advantage for demoniacal possession, and "various wishes, and envy, and terror, and that thou may have grace, and if thou hast this wort with thee thou shalt be prosperous and ever acceptable."

Then follows an amusing direction: "This wort shalt thou pluck thus, saying, 'I pray thee, *Vinca pervinca*, thee that art to be had for thy many useful qualities, that thou come to me glad, blossoming with thy mainfulnesses; that thou outfit me so, that I be shielded and ever prosperous, and undamaged by poisons and by wrath;' when thou shalt pluck this wort, thou shalt be clean from every uncleanness, and thou shalt pick it

* *Op. cit.*, vol. i. p. 161. † *Op. cit.*, p. 171.

when the moon is nine nights old, and eleven nights, and thirteen nights and thirty nights, and when it is one night old." *

For epilepsy in a child a curious charm is given in this book, used also for "a dream of an apparition." The brain of a mountain goat was to be drawn through a golden ring, and then "given to the child to swallow before it tastes milk; it will be healed." †

Wolf's flesh, well-dressed and sodden, was to be eaten by a man troubled with hallucinations. "The apparitions which ere appeared to him, shall not disquiet him." ‡

Temptations of the fiend were warded off by "a wort hight red niolin—red stalk—which waxeth by running water. If thou hast it on thee and under thy head bolster, and over thy house doors, the devil may not scathe thee, within nor without" (lviii.).

Again, we have a cure for mental vacancy and folly: "Put into ale bishopwort, lupins, betony, the southern (or Italian) fennel, nepte (catmint), water agrimony, cockle, marche; then let the man drink. For idiocy and folly: Put into ale cassia, and lupins, bishopwort, alexander, githrife, fieldmore, and holy water; then let him drink."

Although hardly coming under my theme, I cannot omit this: "Against a woman's chatter: Taste at night fasting a root of radish, that day the chatter cannot harm thee."

For the temptations of the fiend and for night

* *Op. cit.*, pp. 313-315.

† *Op. cit.*, p. 351 ("Medicina de quadrupedibus" of Sextus Placitus).

‡ *Op. cit.*, p. 361.

(goblin) visitors, for fascination, and for evil enchantments by song, they prescribed as follows:—"Seek in the maw of young swallows for some little stones, and mind that they touch neither earth nor water nor other stones; look out three of them; put them on the man on whom thou wilt, him who hath the need, he will soon be well."

The ceremonial enjoined in making use of a salve against the elfin race and nocturnal goblin visitors (nightmare) is extremely curious. "Take the ewe hop plant (probably female hop), wormwood, bishopwort, lupin, etc.; put these worts into a vessel, set them under the altar, sing over them nine masses, boil them in butter and sheep's grease, add much holy salt, strain through a cloth, throw the worts into running water. If any ill tempting occur to a man, or an elf or goblin night-visitors come, smear his forehead with this salve, and put it on his eyes, and where his body is sore, and cense him with incense, and sign him frequently with the sign of the cross; his condition will soon be better" (lxi.). *

There is no doubt that in these prescriptions a distinction was made between persons who were regarded as possessed and those supposed to be lunatics. For the latter, however, the ecclesiastical element came in as well as the medical one. Herbs were prescribed which were to be mixed with foreign ale and holy water, while masses were sung over the patient. "Let him drink this drink," say they, "for nine mornings, at every one fresh, and no other liquid that is thick and still; and let him give alms

* *Op. cit.*, vol. ii. pp. 343, 143, 343, 307, and 345.

and earnestly pray God for his mercies." The union of ale and holy water forms an amusing, though unintentioned, satire on the jovial monk of the Middle Ages. I may remark that the old Saxon term "*wood*" is applied in these recipes to the frenzied. It survives in the Scotch "wud," *i.e.* mad.* Thus for the "wood-heart" it is ordered that "when day and night divide, then sing thou in the Church, litanies, that is, the names of the hallows (or saints) and the Paternoster." This was, as usual, accompanied by the taking of certain herbs and drink. In some instances, a salve was to be smeared on the temples and above the eyes. Medicated baths were not omitted in their prescriptions. Thus for a "wit-sick man," as they call him, they say, "Put a pail full of cold water, drop thrice into it some of the drink, bathe the man in the water, and let him eat hallowed bread and cheese and garlic and cropleek, and drink a cup full of the drink; and when he hath been bathed, smear with the salve thoroughly, and when it is better with him, then work him a strong purgative drink," which is duly particularized. It is unnecessary to give more of these quaint prescriptions, one of which is a drink "against a devil and dementedness" (an illustration, by the way, how the one idea ran into the other); those which I have given will suffice to show the kind of pharmacopœia in use, with the Saxon monk-doctor, for madness. But did their treatment consist of nothing more potent or severe than herbs and salves and baths? It would have

* Wodnes (Saxon) signifies madness. "Ance wod and ay waur," *i.e.* increasing in insanity. (See Jamieson's Scotch Dictionary, 1825: "Wodman = a madman.")

been surprising indeed had it not. And so we find the following decidedly stringent application prescribed:—"In case a man be lunatic, take a skin of mere-swine (that is, a sea-pig or porpoise), work it into a whip, and swinge the man therewith; soon he will be well. Amen." *

Before taking leave of this interesting book I think that the impression left on the mind of the reader in regard to the circumstances under which it was written, will be clearer, if I cite the following description by the editor:—"Here," he says, "a leech calmly sits down to compose a not unlearned book, treating of many serious diseases, assigning for them something he hopes will cure them. . . . The author almost always rejects the Greek recipes, and doctors as an herborist. . . . Bald was the owner of the book, Cild the scribe. The former may be fairly presumed to have been a medical practitioner, for to no other could such a book as this have had, at that time, much interest. We see, then, a Saxon leech at his studies; the book, in a literary sense, is learned; in a professional view not so, for it does not really advance man's knowledge of disease or of cures. It may have seemed by the solemn elaboration of its diagnoses to do so, but I dare not assert there is real substance in it. . . . If Bald was at once a physician and a reader of learned books on therapeutics, his example implies a school of medicine among the Saxons. And the volume itself bears out the presumption. We read in two cases that 'Oxa taught this leechdom;' in another,

* *Op. cit.*, vol. ii. p. 335.

that 'Dun taught it;' in another, 'some teach us;' in another, an impossible prescription being quoted, the author, or possibly Cild, the reedsman, indulges in a little facetious comment, that compliance was not easy." *

Some light is thrown on the treatment of the insane in early English days by a study of the "Chronicles and Memorials of Great Britain and Ireland during the Middle Ages," published under the direction of the Master of the Rolls. The inference to be drawn, however, is only that which we might have drawn already from what I have stated. It is observed by Mr. Brewer, the editor of one of these works, written by Giraldus of Wales, who was born 1147, "For the sick, if medicine was required, there was none to be had except in the monastery; and in this country, at all events, the monks were the only medical practitioners." † That at that time chains were employed for the insane is incidentally shown by the following story. Walter Mapes, chaplain to Henry II., when living in Gloucestershire, in the Forest of Dean, fell ill. The abbot of a Cistercian house visited him, and used his utmost efforts to induce him to become a monk of their order. Mapes, who was well known to be inimical to Religious Orders, thereupon called his clerks and attendants (he was a canon and archdeacon), and said, "If ever in my sickness, or on any other occasion, I ask for this habit, be certain that it arises not from the exercise of my reason, but the violence of my disease, as sick men often desire

* Preface to vol. ii. p. xix.–xxiii. † Vol. iv., preface, p. xxxiv.

what is foolish or prejudicial. But should it ever so happen that I resolutely insist on becoming a monk then bind me with chains and fetters as a lunatic who has lost his wits, and keep me in close custody until I repent and recover my senses." ("Tanquam furibundum et mente captum catenis et vinculis me statim fortiter astringatis, et arcta custodia," etc.*)

That at this period the influence of the moon in producing lunacy was recognized (as, indeed, when and where was it not?) is proved by observations of the above writer, Giraldus of Wales, in his "Topographica Hibernica," vol. v. p. 79. "Those," he observes, "are called lunatics whose attacks are exacerbated every month when the moon is full." He combats the interpretation of an expositor of Saint Matthew, who said that the insane are spoken of by him as lunatics, not because their madness comes by the moon, but because the devil, who causes insanity, avails himself of the phases of the moon (*lunaria tempora*). Giraldus, on the contrary, observes that the expositor might have said not less truly that the malady was in consequence of the humours being enormously increased in some persons when the moon is full.

The name of Giraldus is associated with a celebrated holy well in Flintshire, that of St. Winifred, said to be the most famous in the British Isles. At her shrine he offered his devotions in the twelfth century, when he says, "She seemed still to retain her miraculous powers." The cure of lunacy at this well is not particularized, but

* Vol. iv. p. 225.

it is highly probable from the practice resorted to, as we shall see, at others in Britain.*

I may here say that there is not much to be found in Chaucer (1328–1400) bearing in any way upon the insane, though he occasionally uses the word "wodeness" for madness, and "wood" or "wod" for the furiously insane.† So again in an old English miscellany of the thirteenth century, translated from the Latin, we read—

> "Ofte we brennen in mod
> And werden so weren wod;"

that is to say, "Oft do we burn in rage and become as it were mad."

I have, in examining that curious book, the "Vision of William concerning Piers the Plowman," written in 1393 by William Langland,‡ found one or two passages having reference to my subject which are worth citing. The author, after saying that beggars whose churches are brew-houses may be left to starve, adds that there are some, however, who are idiotic or lunatic. He also says that men give gifts to minstrels, and so should the rich help God's minstrels, namely, lunatics. This is one of the rare instances in which the insane are spoken of in kindly terms by the old writers, although it would be quite unfair to regard what was

* In Chambers's "Book of Days," in an article on "Holy Wells," it is added to the above statement that in the seventeenth century St. Winifred could boast of thousands of votaries, including James II.

† In the "Miller's Tale," the carpenter is befooled into looking like a madman. "They tolden every man that he was wood," etc. (Percy Society's edition, vol. i. p. 152).

‡ Early English Text Society, vol. iii. p. 163. See also Clarendon Press Series, edited by Mr. Skeats. London, 1866.

doubtless harsh treatment as intentionally cruel. Piers the Plowman speaks of men and women wanting in wit, whom he styles "lunatik lollares," that is, persons who loll about, who care for neither cold nor heat, and are "meuynge after the mone." He says that—

> "Moneyless they walke
> With a good wil, witless, meny wyde contreys
> Ryght as Peter dade and Paul, save that they preche nat."

In many instances mistaken kindness, in others ignorance and superstition, guided the past treatment of the insane. When residing in Cornwall some years ago, I was interested in the traditions of that once isolated county, and heard of a practice long since discontinued, which illustrates this observation. It was called "bowssening" (or ducking) the lunatic, from a Cornu-British or Armoric word, *beuzi* or *bidhyzi*, meaning to baptize, dip, or drown.* There were, it seems, many places where this custom was observed in Cornwall, but the one I now refer to was at Altarnun, and was called St. Nun's Pool. It is situated about eight miles from Launceston. Though the name of this saint gives the impression of her being a nun, it appears that she was a beautiful girl, with whom Cereticus, a Welsh prince, fell in love. According to tradition, she was buried at Altarnun. The church was afterwards dedicated to St. Mary. The water from the pool was allowed to flow into an enclosed space, and on the surrounding wall the patient was made to stand with his back to the water, and was

* "Archæologia Britannica," by Ed. Lhuyd, 1707. The Armoric word for mania is *diboelder* or *satoni*; the Cornish, *meskatter*; the British, *maimigh*, among others.

then by a sudden blow thrown backwards into it. Then (to quote a graphic description which has been given of it), "a strong fellowe, provided for the nonce, tooke him and tossed him up and downe alongst and athwart the water, untill the patient by forgoing his strength had somewhat forgot his fury. Then was he conveyed to the church, and certain masses sung over him, upon which handling, if his right wits returned, St. Nunne had the thanks; but if there appeared small amendment, he was bowssened againe and againe while there remayned in him any hope of life, for recovery." Men who had actually witnessed this treatment of lunacy related this narrative to Carew, the author of the "Survey of Cornwall," published in 1769, and he gives an explanation of the custom which is no doubt erroneous, but is curious for other reasons. "It may be," he says, "this device took original from the Master of Bedlam, who (the fable sayeth) used to cure his patients of that impatience by keeping them bound in pools up to the middle, and so more or less after the fit of their fury" (p. 123). The present Master goes further, and keeps them up to the neck in a prolonged warm bath!

The Vicar of Altarnun, Rev. John Power, in response to my inquiries, has been good enough to ask the oldest men in the parish whether they remembered the well being so used, but they do not. At the corner of a meadow there is still an intermittent spring, flowing freely in wet weather. The tank which was formerly on the spot has gone, the farmers having removed the stone in order to mend the fences, and consequently much of

the water has been diverted into other channels, emptying itself into the river St. Inny, which runs a few hundred yards in the valley below. It seems probable that the working of a large stone quarry in the hills above has cut off the main current of the spring.

To Carew's account Dr. Borlase adds that in his opinion "a similar bowssening pit has existed at a well in St. Agnes' parish." Among other Cornish wells which had healing virtues assigned them was St. Levan's, and the insane, no doubt, partook of them. "Over the spring," says Dr. Boase, "lies a large flat stone, wide enough to serve as a foundation for a little square chapel erected upon it; the chapel is no more than five feet square, seven feet high, the little roof of it of stone. The water is reckoned very good for eyes, toothache, and the like, and when people have washed, they are always advised to go into this chapel and sleep upon the stone, which is the floor of it, for it must be remembered that whilst you are sleeping upon these consecrated stones, the saint is sure to dispense his healing influence." Madron Well attained a great celebrity for healing diseases and for divining. "Girls dropped crooked pins in to raise bubbles and divine the period of their marriage." *

Mr. W. C. Borlase, M.P., informs me that at St. Kea, near Truro, within the walls of the church, was a stone to which, within the memory of an old gentleman who

* These passages from Dr. Borlase and Dr. Boase will be found in the valuable address at the Royal Institution of Cornwall, by W. C. Borlase, F.S.A., 1878 (Journal of the Institution, 1878, No. xx. pp. 58, 59). It forms a little work on Cornish Saints, and from it is derived the statement made in regard to St. Nonna or Nun.

died only about two years ago, an inhabitant of the parish, on becoming insane, was chained. He adds that just as Altarnun is Nun's altar, the parish of Elerky is derived from St. Kea's altar (Eller or Aller-kè).

Scotland was still more remarkable than Cornwall for its lunacy-healing wells and extraordinary superstitions, surviving also to a much later period; in fact, not yet dispelled by civilization and science. Every one has heard of St. Fillan's Well (strictly, a pool) in Perthshire, and knows the lines in "Marmion"—

> "Then to Saint Fillan's blessed well,
> Whose spring can frenzied dreams dispel,
> And the crazed brain restore.'

This well, derived from the river of that name in the vale of Strathfillan, and consecrated by the saint who, according to tradition, converted the inhabitants to Christianity,* has been ever since distinguished by his name, and esteemed of sovereign virtue in curing madness.

There was an abbot living in the Vale of St. Fillan in 1703. "He is pleased," says Pennant, in his "Tour in Scotland" (vol. ii. p. 15), "to take under his protection the disordered in mind; and works wonderful cures, say his votaries, unto this day." It was, he says, a second Bethesda. He wrote in 1774.

Mr. Heron, the author of a "Journey through Part

* Honoured both in Scotland and Ireland on account of his great sanctity and miracles, he "exchanged his mortal life for a happy immortality in the solitude of Sirach, not far from Glendarchy, Scotland. His mother, Kentigerna, was also a woman of great virtues, and honoured after her death for a Saint" ("Britannia Sancta, or Lives of British Saints," 1745, p. 20).

of Scotland," made in the year 1793, observes that in his day "about two hundred persons afflicted in this way are annually brought to try the benefits of its salutary influence. These patients," he continues, "are conducted by their friends, who first perform the ceremony of passing with them thrice round a neighbouring cairn; on this cairn they then deposit a simple offering of clothes, or perhaps of a small bunch of heath. . . . The patient is then thrice immerged in the sacred pool; after the immersion he is bound hand and foot, and left for the night in a chapel which stands near. If the maniac is found loose in the morning, good hopes are conceived of his full recovery. If he is still bound, his cure remains doubtful. It sometimes happens that death relieves him during his confinement from the troubles of life." *

An Englishman who visited the spot five years afterwards (1798) says the patient was fastened down in the open churchyard on a stone all the night, with a covering of hay over him, and St. Fillan's bell put over his head. The people believed that wherever the bell was removed to, it always returned to a particular place in the churchyard next morning. "In order to ascertain the truth of this ridiculous story, I carried it off with me," continues this English traveller. "An old woman, who observed what I was about, asked me what I wanted with the bell, and I told her that I had an unfortunate relation at home out of his mind, and that I wanted to have him cured. 'Oh, but,' says she, 'you must bring him here to

* Vol. i. p. 282.

be cured, or it will be of no use.' Upon which I told her he was too ill to be moved, and off I galloped with the bell." To make this story complete, I should add that the son of this gentleman, residing in Hertfordshire, restored to Scotland this interesting relic, after the lapse of seventy-one years, namely, in 1869.

At Struthill, in Stirlingshire, was a well famous for its healing virtues in madness. "Several persons," says Dalyell, "testified to the Presbytery of Stirling in 1668, that, having carried a woman thither, they had stayed two nights at an house hard by the well; that the first night they did bind her twice to a stone at the well, but she came into the house to them, being loosed without any help; the second night they bound her over again to the same stone, and she returned loosed; and they declare also, that she was very mad before they took her to the well, but since that time she is working and sober in her wits." He adds that this well was still celebrated in 1723, and votive offerings were left; but no one then surviving knew that the virtues of the stone were in request. The chapel itself was demolished in 1650, in order to suppress the superstitions connected with this well.*

The virtues of St. Ronan's Well were renowned of old, and are still credited. The lunatic walks round the Temple of St. Molonah, whose ruin near the Butt of Lewis remains. He is sprinkled with water from the well, is bound, and placed on the site of the altar for the

* "Darker Superstitions of Scotland," p. 82. Macfarlane, "Geographical Collections," MS., vol. i. p. 154.

night. A cure is expected, if he sleep; if not, the fates are considered adverse, and he returns home. My authority, Dr. Mitchell, records a case of recovery.

There is in Ross-shire a small island on Loch Maree, called Inch or Innis Maree, where is a famous well, bearing the name of this saint,* who lived at the beginning of the eighth century. This well was celebrated for its virtues in the cure of mental disorders. Pennant, the author already quoted, visited it in 1769, and gave a graphic description of the superstitious practices connected with its supposed sanctity. "The curiosity of the place," he writes, "is the well of the saint, of power unspeakable in cases of lunacy. The patient is brought into the sacred island, is made to kneel before the altar where his attendants leave an offering in money; he is then brought to the well and sips some of the holy water; a second offering is made; that done, he is thrice dipped in the lake, and the same operation is repeated every day for some weeks; and it often happens, by natural causes, the patient receives relief, of which the saint receives the credit. I must add that the visitants draw from the state of the well an omen of the disposition of St. Maree; if his well is full they suppose he will be propitious; if not, they proceed in their operations with fears and doubts, but let the event be what it will, he is held in high esteem." †

This practice was, no doubt, closely connected with the

* Dr. Mitchell has clearly shown that St. Maree is a corruption of Maelrubha, who came from Ireland, and not of Mary, as stated by Pennant.

† "Tour in Scotland and the Hebrides," vol. i. p. 332, edit. 1774.

belief of the inhabitants that the insane were possessed. "To preclude the demon from lurking in the hair, a special water was sometimes used; the patient was plunged over head and ears in a bath of Gregorian water,* and detained there just up to the drowning point." † Dr. Mitchell (Commissioner in Lunacy in Scotland) has given a most interesting account of similar Scotch customs associated with their treatment of their insane, practised from time immemorial, and therefore illustrating the proceedings of a remote antiquity, pagan as well as Christian. But I must content myself with a very brief reference to his descriptions. Writing of the island of Maree in 1862, he states that about seven years before a furious madman was brought there; "a rope was passed round his waist, and with a couple of men at one end in advance, and a couple at the other behind, like a furious bull to the slaughter-house, he was marched to the Loch side and placed in a boat, which was pulled once round the island, the patient being jerked into the water at intervals. He was then landed, drank of the water,

* Or Gringorian water. In what respect it was special I do not know, but holy water is said to have been so called because Gregory I. recommended it so highly. "In case," says Rabelais, "they should happen to encounter with devils, by virtue of the Gringoriene water they might make them disappear" ("Gargantua," i. 43). See Brewer's "Dictionary of Phrase and Fable."

† "On Various Superstitions in the North-West Highlands and Islands of Scotland, especially in Relation to Lunacy," by Arthur Mitchell, A.M., M.D., 1862; from the "Proceedings of the Antiquarian Society of Scotland," vol. iv. The aphorism of Boerhaave, relating to the treatment of lunatics, quoted by this writer, is entirely in keeping with the practice described in the text, "Præcipitatio in mare, submersio in eo continuata quamdiu ferre potest, princeps remedium est."

attached his offering to the tree, and, as I was told, in a state of happy tranquillity went home." *

Whittier has expressed in verse the virtues of the well of St. Maree, as Scott those of St. Fillan :—

"And whoso bathes therein his brow,
With care or madness burning,
Feels once again his healthful thought
And sense of peace returning.

"O restless heart and fevered brain,
Unquiet and unstable,
That holy well of Loch Máree
Is more than idle fable."

Of another place, the island of Melista, in the Hebrides, it is stated that, according to tradition, no one was ever born there who was not from birth insane, or who did not become so before death. "In the last generation, three persons had the misfortune for the first time to see the light of day on this unlucky spot, and all three were mad. Of one of them, who is remembered by the name of Wild Murdoch, many strange stories are told. It is said that his friends used to tie a rope round his body, make it fast to the stern of the boat, and then pull out to sea, taking the wretched man in tow. The story goes that he was so buoyant he could not sink; that they 'tried to press him down into the water;' that he could swim with a stone fastened to him; that when carried to the rocky holms of Melista or Greinan, round which the open Atlantic surges, and left there alone, he took to the water and ran ashore; and that when bound hand and foot, and left in a kiln, by a miracle of strength he

* *Op. cit.*, p. 15.

broke his bonds and escaped. It is thus they are said to have treated him during his fits of maniacal excitement; and there are many still alive who saw it all, and gave a helping hand. . . . The further story of Wild Murdoch will astonish no one. He murdered his sister, was taken south, and died in an asylum, or, as the people say and believe, in the cell of a gloomy prison, under which the sea-wave came and went for ever." *

Curious ancient superstitions besides those connected with wells still survive in the "land o' cakes." The same observant writer says that in the north of Scotland they literally sacrifice a cock to a nameless but secretly acknowledged power, whose propitiation is sought in the cure of epilepsy. On the spot where the patient falls a

* Mitchell, *op. cit.*, p. 18. He adds it was Murdoch's "calamity to live among an unenlightened people, a thousand years removed from the kindly doctrines of the good Pinel." "I am not here detailing what happened in the Middle Ages. It is of the nineteenth century—of what living men saw that I write." In the *Inverness Courier*, August 31, 1871, is an extraordinary account of dipping lunatics in Lochmanur, in Sutherlandshire, in the district of Strathnaver, at midnight: "About fifty persons were present near one spot. . . . About twelve (affected with various diseases) stripped and walked into the loch, performing their ablutions three times. Those who were not able to act for themselves were assisted, some of them being led willingly, and others by force. One young woman, strictly guarded, was an object of great pity. She raved in a distressing manner, repeating religious phrases, some of which were very earnest and pathetic. . . . These utterances were enough to move any person hearing them. Poor girl! What possible good could immersion be to her? . . . No man, so far as I could see, denuded himself for a plunge. . . . These gatherings take place twice a year, and are known far and near to such as put belief in the spell. But the climax of absurdity is in paying the loch in sterling coin. . . . I may add that the practice of dipping in the loch is said to have been carried on from time immemorial, and it is alleged that many cures have been effected by it" (Correspondent of the *Courier*, who witnessed the scene on the 14th of August, 1871).

black cock is buried alive, along with a lock of the patient's hair, and some parings of his nails. Let it not be supposed that this was done in some outlandish part of the world. Dr. Mitchell assures us that this sacrifice was openly offered recently in an improving town to which the railway now conveys the traveller, and which has six churches and ten schools for a population of about four thousand. If such things are done in the green tree, what must have been done in the dry? We may safely read the past in the present. In fact, Dalyell * states that in 1597 the "earding of ane quik cok in the grund" was regarded as a cure of madness.

He also records the fact that a Scotch empiric of the seventeenth century professed the cure of those "visseit with frenacies, madness, falling evil (epilepsy), persones distractit in their wittis, and with feirful apparitiones, etc., and utheris uncouth diseases; all done be sorcerie, incantation, devellische charmeing. Above forty persons are enumerated for whom he had prescribed, for which he was strangled and burnt as too familiar with Satan." † The same author relates that a poor woman having become frantic, the alleged author of the malady came, and "laying hands on hir, she convaleschit and receivit hir sinsis agane." ‡ This was in 1616.

Insane persons were sometimes treated with holy water, to which *salt* was added, with the idea that the

* "Darker Superstitions of Scotland," p. 190.

† *Op. cit.*, p. 60; from "Trial of Alexander Drummond in the Kirktown of Auchterairdour," July 3, 1629.

‡ *Op. cit.*, p. 61, "Trial of Marable Couper," June 13, 1616.

devil abhorred salt as the emblem of immortality (we have already had to notice this use of salt among the Saxons). Hence it was "consecrated by the papists, as profiting the health of the body, and for the banishment of demons." A certain remedial "watter," used in Scotland by wise women or herbalists, is supposed to have contained the same ingredient. Elspeth Sandisone, in 1629, was bereft of her senses. One Richart was thus accused of having tried to cure her. "Ye call the remedie 'watter forspeking,' and took watter into ane round cape and went out into the byre, and took sumthing out of your purse lyk unto great salt, and did cast thairin, and did spit thrie severall times in the samen; and ye confest yourself when ye had done so, ye *aunchit in bitts*, quhilk is ane Norne terme, quhilk is to say ye blew your braith thairin and thairefter ye sent it to the said Elspeth with the servand woman of the hous, and bad that the said Elspeth sould be waschit thairin, hands and feit, and scho sould be als holl as ever scho was." *

I may give here a curious illustration of insanity being induced, not cured, by superstition in Scotland. John Law's servant "rane wode" when John Knox had retreated to St. Andrews during the civil contentions of his later years. The story is thus quaintly told in Bannatyne's "Journal" (p. 309). John Law of that city, being in Edinburgh Castle in January, 1572, "the ladie Home wald neidis thraip in his face that he was banist the said toune because that, in the yarde reasit (rose) sum sanctis, among whome cam up the devill with

* *Op. cit.*, p. 98.

hornis, which when his servant Ritchart saw, rane wode, and so deit." *

But I must not dwell longer on the treatment of lunatics by the Highlanders, or the superstitions of Scotland in this connection, and will now say a few words in reference to Ireland.

It would be easy to narrate the stories which in Ireland connect popular superstition with the treatment of the insane, but I will only refer to one. The reader may have heard of the "Valley of the Lunatics," or Glen-na-galt, in that country. It is situated in Kerry, near Tralee. It was believed, not only in that county, but in Ireland generally, that all lunatics would ultimately, if left to themselves, find their way to this glen to be cured.† In the valley are two wells, called the "Lunatic's Wells," or Tober-na-galt, to which the lunatics resort, crossing a stream flowing through the glen, at a point called the "Madman's Ford," or Ahagaltaun, and passing by the "Standing Stone of the Lunatics" (Cloghnagalt). Of these waters they drink, and eat the cresses growing on the margin; the firm belief being that the healing water, and the cresses, and the mysterious virtue of the glen will effectually restore the madman to mental health.

Dr. Oscar Woods, the medical superintendent of the District Lunatic Asylum, Kilkenny, informs me that the superstition has nearly died out since this asylum was opened, about thirty years ago. Dr. Woods gives a

* Dalyell, p. 550.

† Joyce's "Irish Names of Places," vol. i. p. 172.

different etymology, namely, *bright*, for *galt;* the valley in that case deriving its name in contradistinction to that on the other side of the hill, Emaloghue, on which the sun scarcely ever shines. He thinks the superstition arose from persons labouring under melancholy going from the sunless to the bright valley. "Why this place," wrote Dr. C. Smith in 1756,* "rather than any other should be frequented by lunatics, nobody can pretend to ascertain any rational cause, and yet no one truth is more firmly credited here by the common people than this impertinent fable." He, however, says that having regard to the awful appearance of these desolate glens and mountains, none but madmen would enter them! Recurring to the meaning of the word *galt*, a gentleman in Ireland, a professor of Irish, states that *geilt* is a mad person, one living in the woods, and that *gealt* is the genitive plural. It is interesting to find, also, from the same source, that the Irish word for the moon is *gealach*, indicating a probable etymological connection.

As to the origin of this superstition, it appears to be of very ancient date. It is stated † that the Fenian tale, called "Cath Finntraglia," or "The Battle of Ventry," relates how Daire Dornmhar, "the monarch of the world," landed at Ventry to conquer Erin, and was opposed in mortal combat by Finnmac-Cumhail and his men. The battles were many and lasted a year and a day, and at last the "monarch of the world" was completely repulsed, and driven from the shores of Ireland. In the

* "Ancient and Present State of the County Kerry," p. 196.
† Joyce's "Irish Names of Places."

battle, Gall, the son of the King of Ulster, only a youth, who had come to the help of Finnmac-Cumhail, "having entered the battle with extreme eagerness, his excitement soon increased to absolute frenzy, and, after having performed astounding deeds of valour, fled in a state of derangement from the scene of slaughter, and never stopped till he plunged into the wild seclusion of this valley." The opinion is that this Gall was the first lunatic who went there, and that with him this singular local superstition originated, followed as it has been by innumerable pilgrimages to the beautiful "Valley of Lunatics" and its wells.

A visitor to this valley in 1845 writes: "We went to see Glenagalt, or the 'Madman's Glen,' the place, as our guide sagely assured us, 'to which all the mad people in the world would face, if they could get loose.' After pursuing for miles our romantic route, we came to the highest part of the road, and turned a hill which completely shut out Glen Inch; and lo! before us lay a lovely valley, sweeping down through noble hills to Brandon Bay. The peak of the mighty Brandon himself ended one ridge of the boundary, while high, though less majestic, mountains formed the other; and this valley so rich and fertile, so gay with cornfields, brown meadows, potato gardens, and the brilliant green of the flax, so varied and so beautiful in the bright mingling of Nature's skilful husbandry, was the 'Madman's Glen.' I felt amazed and bewildered, for I had expected to see a gloomy solitude, with horrid crags and gloomy precipices. Not at all; the finest and richest valley which has

greeted my eyes since we entered the Highlands of Kerry is this—smiling, soft, and lovely.

"We took our leave of fair Glenagalt, and assuredly if any aspect of external nature could work such a blessed change, the repose, peace, and plenty of this charming valley would restore the unsettled brain of a poor unfortunate." *

The late Professor Eugene O'Curry, in his work on the "Manners and Customs of the Ancient Irish," published in 1873, makes no reference to madness, idiocy, or possession. He refers to a sort of witchcraft under the head of divination, where he gives an instance of a trance produced by magical arts; of the mad rage of the hero, and of how, in the midst of that rage, he was caught, as it were, by the hands and feet, through Druidical incantations.†

Returning to England, let the reader imagine himself in London in the early and middle part of the sixteenth century. There, in St. Giles's, might have been seen a physician, Dr. Borde, who, born in 1490 in Sussex, had made some practice in the metropolis, including that of mental disorders. He had been a Carthusian monk, but was "dispensed of religion," studied medicine, and followed the medical profession, first at Glasgow, and then in London. What, it may be asked, would have been his method of caring for

* "Letters from the Kingdom of Kerry, in the year 1845." Dublin, 1847.

† Vol. ii. p. 226. On witchcraft in Ireland see the "Annals of Ireland," translated from the original Irish of the Four Masters, by Owen Connellan, Esq. Dublin, 1846.

lunatics? The answer may be found in a curious book which he wrote, entitled "A Compendious Rygment or a Dyetry of Helth," and published in 1542.* There are several references, of much interest, to insanity. One chapter of the book is headed, "An order and a dyett for them the whiche be madde and out of theyr wytte." In it the doctor says, "I do advertyse every man the whiche is madde or lunatycke or frantycke or demonyacke, to be kepte in safegarde in some close house or chamber where there is lytell light; and that we have a keeper the whiche the madde man do feare." The remainder is conceived in quite a kindly spirit. The patient is to have no knife or shears; no girdle, except a weak list of cloth, lest he destroy himself; no pictures of man or woman on the wall, lest he have fantasies. He is to be shaved once a month, to drink no wine or strong beer, but "warm suppynges three tymes a daye, and a lytell warm meat." Few words are to be used except for reprehension or gentle reformation.

This, then, is the way in which a well-intentioned doctor would take care of a lunatic in the reign of Henry VIII. We wish that all the treatment pursued had been as considerate. That it was not so we shall see; but I would first add the curious experience of Dr. Borde in Rome, which he visited, and where he witnessed the treatment of a lunatic which was very singular, and founded on the vulgar notion of his being possessed. He says that to a marble pillar near St. Peter's, persons supposed to be possessed, that is, insane,

* His "Breviary of Helth" was published in 1547.

were brought, and said to be cured. A German lady was the patient when the English physician was the spectator, and he describes her as being taken violently by some twenty men to the pillar, or rather into it, for it appears to have contained a chamber; "and after her did go in a priest, and did examine the woman in this manner. 'Thou devil or devils, I adjure thee by the potential power of the Father and the Son our Lord Jesus Christ, and by the virtue of the Holy Ghost, that thou do show to me for what cause thou doest possess this woman?'" What words were answered, Dr. Borde says he will not write, "for men will not believe it, but would say it were a foul and great lie." What he heard made him afraid to tarry, lest the demons should have come out of her and entered into him. We are not left in doubt as to his belief in the possession of lunatics. "I considering this," he says, "and weke of faith and afeard crossed myself and durst not hear and see such matters for it was so stupendous and above all reason if I should write it." It is certainly a pity that the worthy doctor did not stay longer to watch, and to record in his graphic language, the effect of the treatment.

From the same motives lunatics in Great Britain were bound to holy crosses. Sir David Lyndsay, in his poem called "Monarche," written nearly four hundred years ago, says—

> "They bryng mad men on fuit and horsse,
> And byndes theme to Saint Mangose Crosse."

To this cross (at Lotherwerd, now Borthwick, county Edinburgh), says an old writer, Jocelin, a monk of Fur-

ness, "many labouring under various disorders, and especially the furious and those vexed with demons, are bound in the evening; and in the morning they are often found sane and whole, and are restored to their liberty."*

The resort to pillars of churches is illustrated by what an Augustine Canon of Scone says, in a work on the rule of his foundation (Paris, 1508), for he protests against the desecration of churches, *with the exception of curing lunatics* in the way I have just described, as being bound to the church pillars.

Nearly a hundred years after Dr. Borde wrote, that remarkable work was published, "The Anatomy of Melancholy," by Burton. Some quaint lines and a rough engraving on the title-page illustrate but too well the treatment of the insane familiar to him, although not a physician; it seems worse, instead of better, than that of the doctor of St. Giles.

> "But see the madman rage downright
> With furious looks, a ghastly sight!
> Naked in chains bound doth he lie
> And roars amain, he knows not why."

The first edition of Burton's work was published in 1621, five years after the death of Shakespeare, who speaks, in "As You Like It" (Act iii. sc. 2), of madmen deserving "a dark house and a whip," and in "Twelfth Night" makes Sir Toby say of Malvolio (Act iii. scene 4), "Come, we'll have him in a dark room

* This cross was made of sea sand, in the sixth century, by St. Kentigern, called also St. Mungo. A collegiate church was erected there in 1449. He healed the maniacal by the touch. See "The Legends of St. Kentigern," translated by Rev. William Stevenson, D.D., Edinburgh, 1874; and *Notes and Queries*, April 21, 1866.

and bound." The medical treatment of melancholia contained in Burton consists mainly of herbs, as borage, supposed to affect the heart, poppies to act on the head, eupatory (teazel) on the liver, wormwood on the stomach, and endive to purify the blood. Vomits of white hellebore or antimony, and purges of black hellebore or aloes, are prescribed.

The famous "Herbal" of Gerarde, published in 1597, gives various remedies for madness, but they are, unfortunately, copied for the most part from Dioscorides, Galen, and other ancient writers. They are so far of interest that they show what was accepted as the best-known drug practice at the time in England in mental disorders. Under "A Medicine against Madnesse" we have rhubarb and wild thyme, the latter being "a right singular remedie to cure them that have had a long phrensie or lethargie." He is here only following Aetius, and when he says, "Besides its singular effects in splenetical matters, it helpeth any disease of melancholy," he appears to follow Galen. Feverfew is said to be "good for such as be melancholike, sad, pensive, and without speech." Syrup made of the flowers of borage "comforteth the heart, purgeth the melancholy, and quieteth the phrenticke or lunaticke person." Hellebore, of course, has its virtues recognized. Black hellebore, or the Christmas rose, "purgeth all melancholy humors, yet not without trouble and difficultie, therefore it is not to be given but to robustious and strong bodies as Mesues teacheth. It is good for mad and furious men, for melancholy, dull, and heavy persons, for those that

are troubled with the falling sickness (epilepsy)," and "briefely for all those that are troubled with blacke choler, and molested with melancholy." *

Gerarde strongly commends "that noble and famous confection *Alkermes*, made by the Arabians," containing the grains of the scarlet oak (*Ilex coccigera*). "It is good against melancholy deseases, vaine imaginations, sighings, griefe and sorrow without manifest cause, for that it purgeth away melancholy humors" (p. 1343). Poultices applied to the head, of mustard and figs, are recommended for epilepsy and lethargy. Gerarde adopts from Apuleius the virtues of double yellow and white batchelor's buttons, hung "in a linnen cloath about the necke of him that is lunaticke, in the waine of the moone, when the signe shall be in the first degree of Taurus or Scorpio."

Such are the principal remedies for insanity given by Gerarde, original and second hand.

Returning to Burton, it should be said that among the causes of the disease he distinctly recognizes the same uncanny influence that his contemporaries Coke and Hale regarded as a legal fact—I mean witchcraft. After saying that "many deny witches altogether, or, if there be any, assert that they can do no harm," of which opinion, he adds, "is our countryman (Reginald)

* Page 976, ed. 1633. According to modern botanists, black hellebore is not, as was for long supposed the Ἑλλέβορος μέλας of Hippocrates. Of several species growing in Greece, the medicinal virtues of *Helleborus orientalis* resemble most nearly those of the classic descriptions of *H. niger*. See "The British Flora Medica," by B. H. Barton, F.L.S., and T. Castle, M.D., 1877, p. 203.

Scot (of Kent),* but of the contrary opinion are most lawyers, physicians, and philosophers," he proceeds, "They can cause tempests, etc., which is familiarly practised by witches in Norway, as I have proved, and, last of all, cure and cause most diseases to such as they hate, *as this of Melancholy among the rest.*" †

It may be asked, What was the medical knowledge or practice at the time of Coke and Hale, to which they would turn for direction when insanity came before them in the courts of law? and I think a correct reply would be best obtained by taking this wonderful book of Burton's, the works of Sir Thomas Browne, who gave evidence before Hale, and what may be called the case-book of the celebrated Court physician, Sir Theodore de Mayerne. A Genevese, he settled in England in 1606, and was regarded as the highest authority in mental and nervous affections. A medical work of his was translated into Latin by Bonet. Mayerne's treatment was certainly of a somewhat cumbrous character, and his patients must have had an unusual and commendable amount of perseverance if they pursued it thoroughly. The drugs probably cured in part, at least, from the duty

* Scot was born near Smeeth, 1545. He was educated at Oxford, and lived on his paternal estate. He was the son of Sir John Scot, of Scot's Hall. Died 1599. His famous work, "The Discovery of Witchcraft, proving the common opinions of Witches contracting with Divels, Spirits, or Familiars to be but imaginary conceptions; wherein also the lewde unchristian practices of Witchmongers in extorting Confessions, is notably detected; whereunto is added a Treatise upon the nature and substance of Spirits and Divels," was published in 1584. This is the title of the second edition, which differs slightly from the first.

† *Op. cit.*, p. 72.

entailed upon the patients of collecting the numerous herbs which were ordered for the composition of the mixture, and Sir Theodore truly and naïvely remarks to one of his patients, "It will take some time before you have mixed your medicine." It is clear that he was under the influence of the old belief in the connection between the liver and insanity, and the paramount importance of getting rid of the black bile. Of one case he asserts that the root of all the griefs wherewith the patient has been afflicted is a melancholy humour, generated in the liver and wrought upon in the spleen. This humour is stated to be mixed in the veins, and so extended to the brain, which this offensive enemy of nature doth assault as an organical part. Hence, he says, it happens that the principal functions of the soul do act erroneously. His treatment consisted of emetics, purges, opening the veins under the tongue, blisters, issues, and shaving the head, followed by a cataplasm upon it, the backbone anointed with a very choice balsam of earthworms or bats. One prescription for melancholia contains no less than twenty-seven ingredients, to be made into a decoction, to which is to be added that *sine quâ non*, the ever precious hellebore. Other remedies were prescribed; in some cases the "bezoartick pastills," composed of an immense number of ingredients, including the skull of a stag and of a healthy man who had been executed. The commentary triumphantly made by this lover of polypharmacy in the case in which this medicine was administered, runs thus:—"These things being exactly performed, this noble gentleman was cured."

With certain modifications, the general treatment here indicated was that in fashion at the period to which I refer, and was based on a strong conviction of the presence of certain peccant humours in the body, affecting the brain, which required elimination.

Mayerne, of whom there is a portrait in the College of Physicians, was physician to more crowned heads than has fallen to the lot of probably any other doctor, namely, Henry IV. of France, James I. of England, his queen, Anne of Denmark, Charles I., and Charles II. He introduced calomel into practice. Dying in 165$\frac{4}{5}$, he was buried in the church of St. Martin's-in-the-Fields, where a monument was erected to his memory.*

The royal author of the book on Demonology (first published in 1597)—the high and mighty Prince James—gives sundry learned reasons why witches are not to be regarded as mad, and why, therefore, the plea of insanity should be rejected in the legal tribunals. Written in the form of a dialogue between Philomathes and Epistemon, the latter, who personates the king, says, "As to your second reason (that Witchcraft is but very melancholique imagination of simple raving creatures), grounded upon Physicke, in attributing the confessions or apprehensions of Witches to a natural melancholique humour, any one that pleased physikally to consider upon the natural humour of Melancholy, according to all the physicians that ever writ thereupon, shall find that that will be over short a cloake to cover their knavery with." †

* "Medical Councils," 1679; "Opera Medica," 1703.

† Edit. 1616. James says he wrote it "chiefly against the damnable

James is very wroth with Reginald Scot and Wierus * for their opposition to the prevalent belief, and urges, as proof of the existence of witches ("which have never fallen out so clear in any age or nation"), daily experience and their confessions. Reginald Scot had dared to write, in his "Discovery of Witchcraft" (1584): "Alas, I am sorry and ashamed to see how many die who being said to be bewitched, only seek for magical cures, whom wholesome diet and good medicines would have recovered. . . . These affections tho' they appear in the mind of man, yet are they bred in the body and proceed from the humour which is the very dregs of the blood; nourishing those places from whence proceed fear, cogitations, superstitions, fastings, labours, and such like."

It is striking to observe how much more enlightened this writer was than a physician to whom I have already referred, Sir Thomas Browne. His famous sentence, in which he gives full credence to witches, makes us obliged to admit that when so distinguished a man entertained such superstitious notions, we cannot be much surprised if contemporary judges regarded many of the really insane as witches, although they had before them the enlightened opinions of Reginald Scot.

opinions of Wierus and Scot, the latter of whom is not ashamed in public print to deny that there can be such a thing as witchcraft, and so maintains the old error of the Sadducees in the denying of spirits."

* Johann Wierus, born at Grave on the Meuse, Brabant, published his work against the prevalent view of witchcraft in 1567. See "Histoires, Disputes, et Discours des Illusions, et Impostures des Diables, des Magiciens infames, Sorciers, etc. Par Jean Wier, 1579." He died 1588, at Tecklenburg. His works were printed in one volume in 1660.

The history of *incubi*, or "night-comers," is doubtless, to a large extent, a narrative of the hallucinations, delusions, and automatic thoughts of the insane, although to *what* extent would be a difficult question to determine, because some were assuredly frightened into the confessions which they made; and, further, it is hard to say how much of a certain belief was due to the current popular ignorance and credulity, and how much to actual mental disease. Still the ignorant opinions of an age find their *nisus* and most rapid development in persons of weak or diseased mind, and they form the particular delusion manifested; and at a period when witches are universally believed in, there must be some reason why one believes he or she has had transactions with Satan, and another does not believe it. It is, indeed, impossible to read the narratives of some of the unfortunate hags who were put to death for witchcraft, without recognizing the well-marked features of the victims of cerebral disorder. In this way I have no doubt a considerable number of mad people were destroyed. Their very appearance suggested to their neighbours the notion of something weird and impish; the physiognomy of madness was mistaken for that of witchcraft, while the poor wretches themselves, conscious of unaccustomed sensations and singular promptings, referred them to the agency of demons. Strangely enough, even an inquisitor—Nider, who died in 1440—gives many instances of persons whose symptoms he himself recognized as those not of possession, but of madness.

It is hardly necessary to say that the treatment of

the unfortunate lunatics and epileptics who were judged to be witches by James I. was nothing else than death, and he thus coolly comments on this punishment: "It is commonly used by fire, but that is an indifferent thing, to be used in every country, according to the law or custom thereof." *

I cannot pass from this subject without doing honour to two men who abroad, no less than Reginald Scot in Britain, opposed the immolation of lunatics—Wierus, physician to the Duke of Cleves, who wrote a remarkable work in 1567, and appealed to the princes of Europe to cease shedding innocent blood; and Cornelius Agrippa,† who interfered in the trial of a so-called witch in Brabant, having sore contention with an inquisitor, who through unjust accusations drew a poor woman into his butchery, not so much to examine as to torment her. When Agrippa undertook to defend her, alleging there was no proof of sorcery, the inquisitor replied, "One thing there is which is proof and matter sufficient; for her mother was in times past burnt for a witch." When Agrippa retorted that this had reference to another person, and therefore ought not to be admitted by the judge, the inquisitor was equal to the occasion, and replied that

* *Op. cit.*, p. 234.

† Henry Cornelius Agrippa was born in 1486, at Cologne, and was the contemporary of Paracelsus. Agrippa was the master of Wierus. He was Town Advocate at Metz and secretary to the Emperor Maximilian. Imprisoned for a year at Brussels, on the charge of magic, and ceaselessly calumniated after his death. See Plancey's "Dict. Infern.," art. "Agrippa," and Thiers' "Superst." (vol. i. pp. 142, 143). See his Memoir, by Professor Morley, 1856. He was a doctor of medicine as well as law. He himself believed in witchcraft.

witchcraft was naturally engrafted into this child, because the parents used to sacrifice their children to the devil as soon as they were born. On this Agrippa boldly exclaimed, "Oh, thou wicked priest, is this thy divinity? Dost thou use to draw poor guiltless women to the rack by these forged devices? Dost thou with such sentences judge others to be heretics, thou being a greater heretic than either Faustus or Donatus?" The natural consequence was that the inquisitor then threatened to proceed against the advocate himself as a supporter of witches; nevertheless, he continued his defence of the unhappy woman, who, whether a lunatic or not, was delivered, we read, by him "from the claws of the bloody monk, who, with her accuser, was condemned in a great sum of money, and remained infamous after that time to almost all men."

Scot, who cites this case, shows great familiarity with examples of melancholy and delusion, and from his work have been derived many of the best known illustrations of the latter, including the delusions of being monarchs, brute beasts, and earthen pots greatly fearing to be broken. The old story of the patient who thought Atlas weary of upholding the heavens and would let the sky fall upon him, is narrated by this author, as well as that of the man who believed his nose to be as big as a house.

It comes then, to this—to revert to the question, what was the medical knowledge or practice at the time of Coke and Hale, to which they would turn for direction when insanity came before them in the Courts of Law?—

that when the lawyers went to the doctors for light they got surprisingly little help. They had better have confined themselves to reading the old Greek and Roman books on medicine, of which the medical practice of that period was but a servile imitation, and not have added, from their belief in witchcraft, the horrible punishment of lunatics, which in our country extended over the period between 1541 and 1736, when the laws against witchcraft were abolished. The last judicial murder of a witch in the British Isles (Sutherlandshire) was in 1722.

Leaving now the insane who were punished as witches, I pass on to remark that in Percy's "Reliques of Ancient English Poetry," it is stated that the English have more songs and ballads on the subject of madness than any of their neighbours. "Whether," the writer proceeds, "there be any truth in the insinuation that we are more liable to this calamity than other nations,* or that our native gloominess hath peculiarly recommended subjects of this class to our writers, we certainly do not find the same in the printed collections of French and Italian songs." Half a dozen so-called mad songs are selected. These refer to much the same period as that we have been considering; and, in fact, we come upon the "Old Tom of Bedlam," or Cranke or Abram man, who "would swear he had been in Bedlam, and would talk frantickly of purpose," so notorious in connection with the beggary which endeavoured to make capital out of the asylum most familiar to our ancestors of the sixteenth

* As in Hamlet. "*There*" (England) "the men are as mad as he."

and seventeenth centuries. In this light the Bedlam beggars appear in "King Lear"—

> "The country gives me proof and precedent
> Of Bedlam beggars, who, with roaring voices,
> Stick in their numb'd and mortify'd bare arms
> Pins, wooden pricks, nails, sprigs of rosemary;"

and these enforce their charity by lunatic "bans," that is, by licences to beg under the badge of the Star of Bethlehem.

Some doggerel from the most ancient of the Percy "Reliques" will serve for a sample of the rest:

> "Forth from my sad and darksome cell,
> Or from the deepe abysse of Hell,
> Mad Tom is come into the world againe,
> To see if he can cure his distemper'd braine."

Tom appears to have brought away with him some of his fetters, then sufficiently abundant in Bedlam:

> "Come, Vulcan, with tools and with tackles,
> To knocke off my troublesome shackles."

This method of treatment—by fetters—has not, it may be well to state, survived, like immersion, in the practice of the present Master of Bedlam.

We learn from Shakespeare how "poor Tom that eats the swimming frog, the toad, the tadpole, the wall-newt and the water [newt]; . . . swallows the old rat, and the ditch-dog;" and "drinks the green mantle of the standing pool," was "whipped from tything to tything, and stocked, punished, and imprisoned. . . .

> Mice, and rats, and such small deere
> Have been Tom's food for seven long yeare."*

* "King Lear," Act iii. sc. 4.

Whipping-posts were very common in the reign of Henry VIII., and we suppose long before; certainly also much later. About the middle of the seventeenth century an old poet, John Taylor, once a waterman on the Thames, and hence called the "Water Poet," wrote:

> "In London, and within one mile, I ween,
> There are of jails and prisons full eighteen,
> And *sixty whipping-posts* and stocks and cages."

The whipping-post was sometimes called the "tree of truth." There is a curious passage in Sir Thomas More's works, in which he orders a lunatic to be bound to a tree and soundly beaten with rods.

"There was a tree in Sir Thomas More's garden, at which he so often beat Lutherans, that it was called the 'tree of troth,'" says Burnet. This was not the tree at which he had the poor lunatic flogged, for he says that was in the street.

"It was a good plea in those days to an action for assault, battery, and false imprisonment, that the plaintiff was a lunatic, and that therefore the defendant had arrested him, confined him, and *whipped* him." *

Whipping-posts may still be seen in some villages in England, in the vicinity of stocks. Of course they were largely employed for idle vagabonds, but many really insane people suffered. The following item from the constable's account at Great Staughton, Huntingdonshire, illustrates the custom of whipping wandering lunatics:—"169$\frac{0}{1}$. Paid in charges, taking

* Lord Campbell's "Lives of the Lord Chancellors."

up a distracted woman, watching her and whipping her next day, 8*s.* 6*d.*" *

Let me here refer for a moment to the "brank."

The "brank" or "scold's bridle" was very probably used in former days for lunatics—an instrument of torture which has received much elucidation from my friend Dr. Brushfield, the late medical superintendent of Brookwood Asylum. Indeed, it is certain that it, or a similar gag, called the "witch's bridle," was employed for these unfortunate suspects, of whom so many, as we have good reason to conclude, were insane or hystero-epileptics. In the church steeple at Forfar one was preserved, within recent times, with the date 1661.† Archdeacon Hale many years ago suggested that the "brank" was used to check noisy lunatics of the female sex; and in reference to this, Dr. Brushfield remarks: "Medical officers of asylums can always point out many female patients who, if they had been living a couple of centuries back, would undoubtedly have been branked as scolds. One of the female lunatics in the Cheshire Asylum gave me, a few days since, a very graphic account of the manner in which she had been bridled some years ago whilst an inmate of a workhouse." ‡

* *Notes and Queries*, vol. vi. p. 327, No. 153. A more extraordinary entry occurs under the same date: "Paid Thomas Hawkins for whipping 2 people y^t^ had the small-pox, 8*d.*" Under date 1648: "Given to a woman that was bereaved of her witts the 26 of Aprill, 1645, 6*d.*" (*Op. cit.*, No. 242, July 22, 1854).

† According to Dr. Brushfield, torture was practised in Scotland after it was used for the last time in England in 1640. No specimens of the "brank" are known to exist in Ireland or Wales.

‡ "Obsolete Punishments," Part I., "The Brank," by T. N. Brushfield, M.D., 1858, p. 20.

No doubt, in addition to branks and whipping-posts, the pillory and stocks, and probably the ducking-stool, were made use of for unruly and crazy people, who nowadays would be comfortably located in an asylum.

What now, let us ask in conclusion, are the practical inferences to draw from the descriptions which I have given respecting the popular and medical treatment of lunatics in the good old times in the British Isles?

In the first place, we see that the nature of the malady under which the insane laboured was completely misunderstood; that they often passed as witches and possessed by demons, and were tortured as such and burnt at the stake, when their distempered minds ought to have been gently and skilfully treated. Some, however, were recognized by the monks as simply lunatic, and were treated by the administration of herbs, along with, in many instances, some superstitious accompaniment, illustrating, when successful, the influence of the imagination.

Further, the medical treatment, so far as it made any pretension to methods of cure, was either purely empirical, or founded upon the one notion that descended from generation to generation from the earliest antiquity —that there was an excess of bile in the blood, and that it must be expelled by emetics or purgatives.

Again, there was the more violent remedy of flagellation, one always popular and easy of application; equally efficacious, too, whether regarded as a punishment for violent acts, or as a means of thrashing out the supposed demon lurking in the body and the real cause

of the malady. And there was, of course, as the primary treatment, seclusion in a dark room and fetters.

To anticipate what belongs to subsequent chapters, we may say here that when the insane were no longer treated in monasteries, or brought to sacred wells, or flogged at "trees of truth," they fared no better—nay, I think, often worse—when they were shut up in madhouses and crowded into workhouses. They were too often under the charge of brutal keepers, were chained to the wall or in their beds, where they lay in dirty straw, and frequently, in the depth of winter, without a rag to cover them. It is difficult to understand why and how they continued to live; why their caretakers did not, except in the case of profitable patients, kill them outright; and why, failing this—which would have been a kindness compared with the prolonged tortures to which they were subjected—death did not come sooner to their relief.

CHAPTER II.

BETHLEM HOSPITAL AND ST. LUKE'S.

THE chief point of interest in the subject to which this chapter has reference, centres in the questions where and what was the provision made for the insane in England at the earliest period in which we can discover traces of their custody?

Many, I suppose, are familiar with the fact of the original foundation in 1247 of a Priory in Bishopsgate Street, for the Order of St. Mary of Bethlem, but few are aware at what period it was used for the care or confinement of lunatics, and still fewer have any knowledge of the form of the building of the first Bethlem Hospital—the word "Bethlem" soon degenerating into *Bedlam.*

Before entering upon the less known facts, I would observe that an alderman and sheriff of London, Simon FitzMary, gave in the thirty-first year of the reign of Henry III., 1247, to the Bishop and Church of Bethlem, in Holyland, all his houses and grounds in the parish of St. Botolph without Bishopsgate, that there might be thereupon built a Hospital or Priory for a prior, canons, brethren, and sisters of the Order of

Bethlem or the Star of Bethlem, wherein the Bishop of Bethlem was to be entertained when he came to England, and to whose visitation and correction all the members of the house were subjected.*

The following is the wording of the original grant, slightly abridged :—"To all the children of our Mother holy Church, to whom this present writing shall come, Simon, the Son of Mary, sendeth greeting in our Lord, . . . having special and singular devotion to the Church of the glorious Virgin at Bethelem, where the same Virgin brought forth our Saviour incarnate, and lying in the Cratch,† and with her own milk nourished; and where the same child to us being born, the Chivalry of the Heavenly Company sange the new hymne, Gloria in excelsis Deo . . . a new Starre going before them. In the Honour and Reverence of the same child, and his most meek mother, and to the exaltation of my most noble Lord, Henry King of England, . . . and to the manifold increase of this City of London, in which I was born: and also for the health of my soul, and the

* Dugdale's "Monasticon," vol. vi. pt. ii. pp. 621, 622. Rot. Claus. de ann. 4 Hen. IV. Videsis bundell. de beneficii Alienig. de anno 48 Edw. III. Et. Pat. 11 Edw. II. p. 2, m. 24. The Hospital or Priory of Bethlem must not be confounded with the Priory of St. Mary Spital, or New Hospital of our Lady without Bishopsgate, founded 1197.

The following were Masters or Priors of the Hospital: Robert Lincoln, 12 Rich. II.; Robert Dale, 1 Hen. IV.; Edw. Atherton, 15 Hen. VI. He was clerk of the closet to the King. John Arundel, 35 Hen. VI.; Thomas Hervy, 37 Hen. VI.; John Browne, later in the same year; John Smeathe or Sneethe, 49 Hen. VI. John Davyson was removed 19 Edw. IV., when Walter Bate and William Hobbes were made custodes, with benefit of survivorship as Master to either (Dugdale, *op. cit.*, p. 622).

† French, *crèche*, a manger.

souls of my predecessors and successors, my father, mother and my friends, I have given, and by this my present Charter, here, have confirmed to God, and to the Church of St. Mary of Bethelem, all my Lands which I have in the Parish of St. Buttolph, without Bishopsgate of London, . . . in houses, gardens, pools, ponds, ditches, and pits, and all their appurtenances as they be closed in by their bounds, which now extend in length from the King's high street, East, to the great Ditch, in the West, the which is called Depeditch ; and in breadth to the lands of Ralph Dunnyng, in the North ; and to the land of the Church of St. Buttolph in the South ; . . . to make there a Priory, and to ordain a Prior and Canons, brothers and also sisters, who in the same place, the Rule and Order of the said Church of Bethelem solemnly professing, shall bear the Token of a Starre openly in their Coapes and Mantles of profession, and for to say Divine Service there, for the souls aforesaid, and all Christian souls, and specially to receive there, the Bishop of Bethelem, Canons, brothers, and messengers of the Church of Bethelem for ever more, as often as they shall come thither. And that a Church or Oratory there shall be builded, as soon as our Lord shall enlarge his grace, under such form, that the Order, institution of Priors, &c. to the Bishop of Bethelem and his successors shall pertain for evermore. . . . And Lord Godfrey, Bishop of Bethelem, into bodily possession, I have indented and given to his possession all the aforesaid Lands ; which possession he hath received, and entered in form aforesaid.

"And in token of subjection and reverence, the said place in London shall pay yearly a mark sterling at Easter to the Bishop of Bethelem.

"This gift and confirmation of my Deed, & the putting to of my Seal for me and mine heirs, I have steadfastly made strong, the year of our Lord God, 1247, the Wednesday after the Feast of St. Luke the Evangelist."

From this it appears that Simon Fitzmary's land extended from the King's Highway on the east (Bishopsgate Street without) to the fosse called Depeditch on the west. The land of Saint Botolph Church bounded it on the south, and the property of a Ralph Dunnyng on the north. The author of "The History of St. Botolph" (1824), Mr. T. L. Smartt, suggests that the old White Hart Tavern is a vestige of the hostelry. If not forming part of the original hospital, it certainly led to it. Among the tokens in the British Museum I find "Bedlem Tokens $_{E.}^{K.}{}_{E.}$ at Bedlam Gate, 1657," and the "Reverse at the White Hart." At an early period Bethlem is styled "Bethlem Prison House," and the patients, "who sometimes exceeded the number of twenty," are called prisoners. One token at the British Museum is $_{G.}^{H.}{}_{A.}$ "at the Old Prison."

A considerable portion of this site is occupied at the present day by Liverpool Street, and the railway stations which have sprung up there.

The topographer in search of the old site finds striking proofs of the changes which six hundred years have brought with them—the steam, and the shrill

sounds of the Metropolitan, North London, and Great Eastern Railways; while Bethlem Gate, the entrance to the hospital from Bishopsgate Street, was, when I last visited the spot, superseded by hoardings covered with the inevitable advertisement of the paper which enjoys the largest circulation in the world. Depeditch is now Bloomfield Street. The name of Ralph Dunnyng, whose property is mentioned in the charter as bounding Bethlem on the north, is, I suppose, represented, after the lapse of six centuries, by Dunning's Alley and Place.

There was a churchyard on the property, which was enclosed for the use of adjoining parishes by Sir Thomas Rowe, Lord Mayor of London, at a much later period (1569)—no doubt the ground where the inmates were buried. The Broad Street Railway Station booking-office is situated upon part of its site. In connection with this, I may refer to a statement in Mr. Buckland's "Curiosities of Natural History," to the effect that a skeleton, on which fetters were riveted, was found in 1863, in St. Mary Axe, by some workmen engaged in excavations. Mr. Buckland states, on the authority of Mr. Hancock, that Sir Thomas Rowe gave ground in St. Mary Axe, for the use of Old Bethlem Hospital and certain adjoining parishes. Mr. Buckland, therefore, concluded that the skeleton was that of a man who had been a patient in Bedlam, and buried in his chains. He was on one occasion good enough to place them at my disposal, but as I can find no evidence that Sir T. Rowe did more than what I have above stated, I think there is no connection proved between the skeleton in irons and Bedlam.

In this churchyard was buried Lodowick Muggleton —an appropriate resting-place, considering its proximity to a mad-house. Also John Lilburne; four thousand persons, it is said, attending his funeral.

Mr. Roach Smith, who formerly lived in Liverpool Street, informs me that on one occasion an incident proved the former existence of a burial-ground on this spot. He writes, "Opposite my house (No. 5) on the other side of the street was a long dead wall, which separated the street from a long piece of garden-ground which faced some high houses standing, probably, on the site of Bedlam. This garden may have stood on the burial-ground. When my man buried in it a deceased favourite cat, he said he came upon the remains of human skeletons. But revolution brought about the disturbance of the cat which had disturbed some of old London's people. A few years since the cat's coffin and her epitaph were brought before the directors of a railway as a very puzzling discovery." The engineers of the North London and Great Eastern Railways inform me that many bones were dug up in excavating for the Broad Street and Liverpool Street Stations.

The locality of the first Bethlem Hospital is, I hope, now clearly before the reader. I will describe the form of the buildings shortly, but will first trace the history of the convent to the time of Henry VIII.

In the year 1330, eighty-three years after its foundation, it is mentioned as a "hospital," in a licence granted by King Edward III., to collect alms in England,

Ireland, and Wales, but it must not be inferred from this that it was *necessarily* used for the sick, as the word hospital was then, and long after, employed as "a place for shelter or entertainment" (Johnson). It is so employed by Spencer in the "Faerie Queen":—

> "They spy'd a goodly castle plac'd
> Foreby a river in a pleasant dale,
> Which chusing for that evening's *Hospital*
> They thither march'd."

Very shortly after this, viz. in 1346, the monastery or hospital was so miserably poor that the master applied to the mayor, aldermen, and citizens of London to be received under their protection. This was agreed to, and it was governed afterwards by two aldermen, one chosen by the mayor and the other by the monastery.

Then we come to an important event—the seizure of Bethlem by the Crown. This was in 1375, the forty-eighth year of Edward III. It was done on the pretext that it was an alien or foreign priory. There was not therefore any seizing of the monastery by Henry VIII., as is usually stated. That had been done already. The master of Bethlem stated at this time that the annual value of the house was six marks; and that he paid 13*s.* 4*d.* a year to the Bishop of Bethlem, and 40*s.* rent to the Guildhall for the benefit of the City. Disputes afterwards arose between the Crown and the City as to their right to appoint the master of the house, but the former triumphed, and Richard II., Henry IV., Henry VI., and Henry VIII. insisted upon and exercised their right of presentation.

It appears that the City had let some house to the hospital for which they received rent. And further, that afterwards, when disputes arose, they actually pretended that the hospital itself was originally theirs.

I now call attention to the year 1403, the fourth year of Henry IV. It seems that Peter, the porter of the house, had misbehaved himself in some way, and it was deemed sufficiently important to necessitate an "inquisition," to ascertain the condition and management of the monastery. And it is here that we meet with the earliest indication of Bethlem being a receptacle for the insane. I have examined the Report of this Royal Commission, and find it stated that six men were confined there who were lunatics (*sex homines mente capti*). The number, therefore, was very small at that time. As might be expected, the glimpse we get of their mode of treatment reveals the customary restraints of former days. The inventory records "Six chains of iron, with six locks; four pairs of manacles of iron, and two pairs of stocks." I do not here, or elsewhere, find any reference to the use of the whip. I may remark, by the way, that the Commissioners observe that whereas originally the master of the house wore the Star of the Order of Bethlem, the master at that time did not. The original star contained sixteen points, which we may consider to indicate, appropriately, the words *Estoile de Bethlem.*

On the arms of Bethlem * was also a basket of bread,

* Argent, two bars sable, a labell of five points, throughout gules, on a chief azure, an estoile of sixteen points, or, charged with a plate thereon,

in reference to the Hebrew etymology, "House of Bread." The bread is described as wastell cake, a word first met with in a statute 51 Hen. III., where it is described as white bread well baked.

Chaucer says of the "Prioress"—

> "Of small houndes hadde she, that she fedde
> With roasted flesh, and milk and wastel brede.

The derivation of the word, according to Douce's "Illustrations of Shakespeare," is from gasteau, now *gâteau*, anciently written gastel, and, in the Picard dialect, ouastel or watel, a cake.

I would here draw attention to the site of St. Martin's Lane, and the adjoining district. At the south-west corner of St. Martin's Lane, in the angle formed by it and Charing Cross, was situated a religious (?) house, of the foundation of which I can discover nothing. The point of interest to us in connection with it is this: that at a very early period lunatics were confined there. Stow, in his "Survey of London," etc., written in 1598, says, under "The Citie of Westminster," "From thence is now a continuall new building of diuers fayre houses euen up to the Earle of Bedford's house lately builded nigh to Iuy Bridge, and so on the north side, to a lane that turneth to the parish church of S. Martin's in the Field, in the liberty of Westminster. Then had ye an house, wherein some time were distraught and lunatike people, of what antiquity founded, or by whom, I have not read, neither of the suppression; but it was said that some

a cross of the third between a human skull, in a cup on the dexter side, and a basket of bread, *i.e.* wastell cakes, all of the fifth, on the sinister.

time a king of England, not liking such a kind of people to remaine so neare his pallace, caused them to be removed further off to Bethlem without Bishopsgate of London, and to that Hospitall the said house by Charing Crosse doth yeth remaine." *

I have spent considerable time in endeavouring to discover who this king was, but without success. If we assume that this was the first time that Bethlem received lunatics within its walls, we must refer the event to a date prior to 1403, because we know, as I have pointed out, that there were mad people in Bethlem at that date. One statement is that the sovereign was Henry IV., and that is not improbable, but it may have been Richard II. Whoever the king was, he appears to have been rather fastidious, considering the proximity is not very close between Charing Cross and any of the Royal Palaces. Possibly, as the Royal "Mewse" was at Charing Cross, his Majesty, whenever he visited his falcons, which were "mewed" or confined here—long before the same place was used for stables—may have been disturbed by the sounds he heard.† It is interesting in this connection to learn that Chaucer was clerk of the Charing Cross Mews. On the site of the Mews stands now the National

* Stow, edit. 1603, p. 452. On Bethlem, see p. 166.

† "More pity that the eagle should be mewid, while kites and buzzards prey at liberty" (Shakespeare). As hawks were caged while moulting or mewing (Fr. *mue*, from *mutare*), a mew or mews came to mean a place of confinement. "Stable so called from the royal stables in London, which were so named because built where the king's hawks were mewed or confined" (Webster). Wordsworth has "violets in their secret mews." An asylum might be correctly styled a "Lunatic Mews."

Gallery, and the house for lunatics must have been situated in Trafalgar Square, about where Havelock's equestrian statue stands.

Here I may note also, on the same authority, that there was in Edward III.'s reign (1370) a hospital founded in the parish of Barking by Robert Denton, "chaplen," "for the sustentation of poor Priests and other men and women that were sicke of the Phrenzie, there to remaine till they were perfectly whole and restored to good memorie." * I know nothing further of this asylum. It must remain an undetermined question whether there were any lunatics in Bedlam prior to the establishment of the houses at Charing Cross and Barking. As, however, both these were devoted to their exclusive care, and Bethlem at that period was not, I think we must grant their priority as special houses for deranged persons.

It will be observed that in the passage cited from Stow, the house at Charing Cross is described as belonging to Bethlem Hospital. I have ascertained that the Charing Cross property belonged to Bethlem Hospital until 1830, when it was sold or exchanged in order to allow of the improvements which were shortly afterwards made there in laying out Trafalgar Square and building the National Gallery.

We know, then, that from about 1400—probably earlier—Bethlem received lunatics, on however small a scale; and we have here an explanation of the fact which has occasioned surprise, that before the time of

* *Op. cit.*, p. 139.

the charter of Henry VIII., whose name is inscribed over the pediment of the existing building, the word "Bedlam" is used for a madman or mad-house. Thus Tyndale made use of the word some twenty years before the royal grant in his "Prologue to the Testament," a unique fragment of which exists in the British Museum, where he says it is "bedlam madde to affirme that good is the natural cause of yvell."

Speaking of Wolsey, Skelton, who died in 1529, says in his "Why come ye not to Court?"—

> "He grinnes and he gapes,
> As it were Jacke Napes,
> Such a mad Bedlam."

The familiar expression "Jackanapes" is evidently a corruption of the above. The term occurs in "The Merry Wives of Windsor": "I vill teach a scurvy jackanape priest to meddle or make."* The origin of the phrase in *Jack-o'naibs*, a Saracen game of cards, seems doubtful. Any way, it came to be used for a witless fellow, or Bedlamite.

And Sir Thomas More, in his treatise "De Quatuor Novissimis," says, "Think not that everything is pleasant that men for madness laugh at. For thou shalt in Bedleem see one laugh at the knocking of his own hed against a post, and yet there is little pleasure therein." And, again, in the "Apology" made by him in 1533 (thirteen years before the grant), in which he gives a most curious account of the treatment of a poor lunatic: He was "one which after that he had fallen into these

* Act i. sc. 4.

frantick heresies, fell soon after into plaine open franzye beside. And all beit that he had therefore bene put up in Bedelem, and afterward by beating and correccion gathered his remembraance to him and beganne to come again to himselfe, being thereupon set at liberty, and walkinge aboute abrode, his old fansies beganne to fall againe in his heade." Although what follows has nothing to do with Bethlem, I cannot avoid quoting it, as it illustrates so graphically the whipping-post treatment of that day. "I was fro dyvers good holy places advertised, that he used in his wandering about to come into the churche, and there make many mad toies and trifles, to the trouble of good people in the divine service, and specially woulde he be most busye in the time of most silence, while the priest was at the secretes of the masse aboute the levacion." After proof of his indecent behaviour, he proceeds, "Whereupon I beinge advertised of these pageauntes, and beinge sent unto and required by very devout relygious folke, to take some other order with him, caused him, as he came wanderinge by my doore, to be taken by the connstables and bounden to a tree in the streete before the whole towne, and ther they stripped [striped] him with roddes therefore till he waxed weary and somewhat lenger. And it appeared well that hys remembraunce was goode ineoughe save that it went about in grazing [wool-gathering!] til it was beaten home. For he coulde then verye wel reherse his fautes himselfe, and speake and treate very well, and promise to doe afterward as well." Sir Thomas More ends with this delicious sen-

tence:—"And verylye God be thanked I heare none harme of him now." †

To return to Bethlem Hospital. I can discover nothing of interest in regard to it between 1403 and 1523; except, indeed, that I observe in the "Memorials of London," 1276–1419, a man was punished for pretending to be a collector for the hospital of "Bedlem," in 1412. He was to remain for one hour of the day in the pillory, the money-box he had used being "in the mean time placed and tied to his neck." At the date mentioned above, 1523, Stephen Jennings, merchant taylor, previously Lord Mayor of London, gave a sum of money in his will towards the purchase of the patronage of Bethlem Hospital. Three and twenty years later (1546) the citizens of London are said to have purchased "the patronage thereof, with all the lands and tenements thereunto belonging." But there is no evidence that they did give any money for this patronage. Sir John Gresham, the Lord Mayor, petitioned the king in this year to grant Bethlem Hospital to the City; and the king did grant it along with St. Bartholomew's Hospital, on condition that the City should expend a certain amount of money on new buildings in connection with the latter. It is only in this sense, I believe, that they "purchased" Bethlem Hospital; and further, it must be understood that the City obtained the patronage or government only, and not the freehold of the premises, although in process of time the Crown ceased to claim or possess any property in the hospital.

† "The Workes of Sir Thomas More," vol. ii. p. 901. Edit. London, 1557.

In the indenture of the covenant made 27th December, 1546, between the King and the City of London granting St. Bartholomew's Hospital and Bethlem, there is no mention of appropriating the latter to the use of lunatics (for this, as we have seen, had been done already), but it is simply said "the king granted to the said citizens that they and their successors should thenceforth be masters, rulers, and governors of the hospital or house called Bethlem, and should have the governance of the same and of the people there, with power to see and to cause the rents and profits of the lands and possessions of the same hospital to be employed for the relief of the poor people there, according to the meaning of the foundation of the same, or otherwise as it should please the king for better order to devise." The charter was granted on the 13th of January, 1547. The King died on the 29th. The value of the estate at this period is said to have been £504 12*s.* 11*d.**

I wish to reproduce here the form of the buildings of Bethlem (or, as we ought now to designate it, Bethlem or Bethlehem Royal Hospital) at the time of Henry VIII., and for long before and after that time. I have, I believe, consulted every important map of old London, and have found it no easy task to obtain a clear notion of the appearance of the building at that period. No print of the first hospital is in existence; at least, I have never been able to find it, or met with any one who has seen it. I believe, however, that a good idea of the

* Malcolm's "Londinum Redivivum," 1803, vol. i. p. 351.

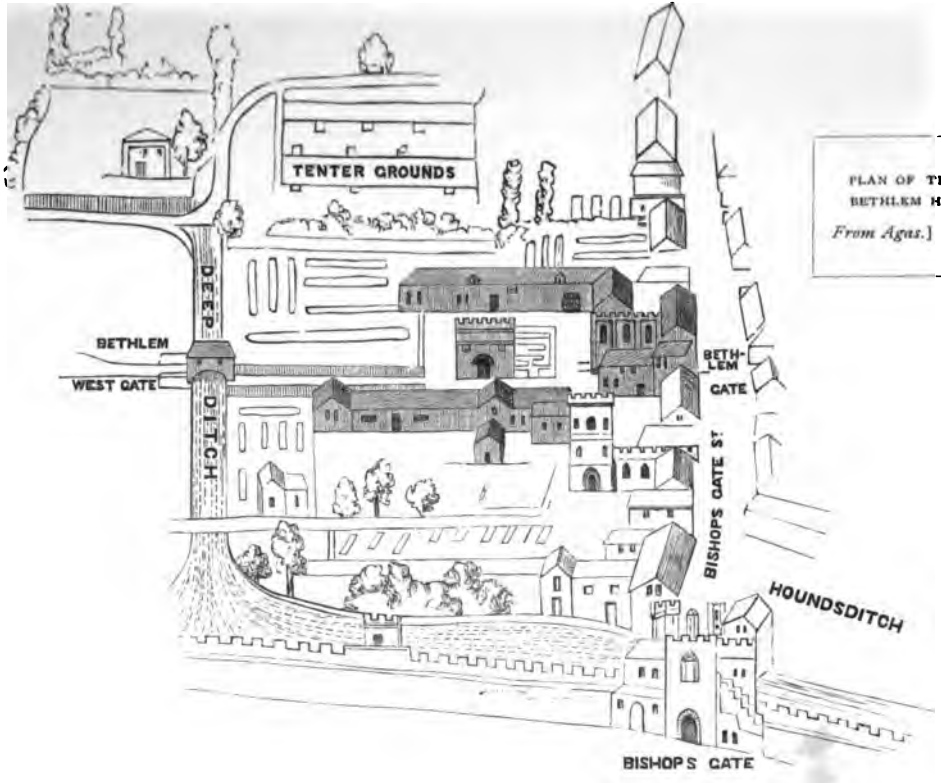
premises can be formed from a study of the map of London by Agas, made not very long after the death of Henry VIII. (1560), and now in the Guildhall, where its careful examination has been facilitated by Mr. Overall, the Librarian. From it I have represented an elevation of the hospital (see engraving), which will, I believe, convey a fairly correct notion of the extent and character of the premises. I am gratified to know that the reader will see as distinct a representation of the first Bethlem as can be framed from the old maps—the real old Bedlam of Sir Thomas More, of Tyndale, and Shakespeare. Shakespeare, I may here say, uses the word Bedlam six times. It will be seen there is a rectangular area surrounded by buildings. In the centre is the church of the hospital. This was taken down in the reign of Queen Elizabeth, and other buildings erected in its place.

The oldest written description of any portion of the building which is extant mentions "below stairs a parlour, a kitchen, two larders, a long entry [corridor] throughout the house, and twenty-one rooms wherein the poor distracted people lie; and above the stairs eight rooms more for servants and the poor to lie in." *

It will be observed that there was a gate on the west side, and another on the east.

A map of ancient London was reconstructed, with great ingenuity and labour, by the late Mr. Newton, 1855. But his reconstruction of Bethlem and its

* Charity Commissioners' Report, 1837, from which much valuable information has been derived.



PLAN OF THE FIRST BETHLEM HOSPITAL.

From Agas.] [*Page* 60.

surroundings contains several inaccuracies which have been avoided in the accompanying view. The church in the quadrangle differs completely from that given in Agas; and Newton fails to recognize the character of the gate and its crenelated tower on the east side. There appear to have been, at the time of Agas, no buildings on the west side of the quadrangle, but in Braun and Hogenberg's or Stilliard's map, there are houses not represented in the engraving. I must express my great obligation to Mr. J. E. Gardner, of London, as also to Mr. J. B. Clark, for the assistance rendered me in this attempt to recover the outlines of the premises comprised under the true Old Bethlem.*

Eight years after the death of Henry VIII. (1555)—the second year of Philip and Mary—it was ordered that the governors of Christ's Hospital should be charged with the oversight and government of Bethlem, and receive the account of rents, etc., instead of the City chamberlain; but this arrangement lasted only a short time, for in September, 1557, another change was made, and the management was transferred to the governors of Bridewell (which had been given to the City by Edward VI. in 1553), subject, of course, to the jurisdiction of the citizens. The same treasurer was appointed for both. This union of the hospitals was confirmed by the Act 22 Geo. III., c. 77, and continues, as is well known, to the present day. It was not until this Act passed that the *paramount* authority of the City ceased, and the government now in force was established, by which it

* See note on Bethlem, Appendix A.

was distinctly vested in a president, treasurer, the Court of Aldermen, and the Common Council, and an unlimited number of governors, elected by ballot. So that now the only sense in which Bethlem continues to belong to the City is that the aldermen and common councilmen are *ex-officio* governors. As there are at the present time upwards of two hundred governors, they are in a decided minority.*

Time was when Bethlem Hospital did not possess the magnificent income which she now enjoys. She knew, as we have seen, what poverty meant; and even if we make due allowance for the increased value of money we can hardly read without surprise that in 1555 the income from all the possessions of the hospital only amounted to £40 8*s.* 4*d.* Of course, considerable sums were collected as alms. Nearly a century after, the valuation of real estates showed an annual value of £470. Several annuities had also been bequeathed, as that of Sir Thomas Gresham in 1575, for "the poor diseased in their minds in Bethlem."

The revenues, however, fell far short of the requirements of the hospital—namely, about two-thirds of the yearly charge—and at a court held in 1642 preachers were directed to preach at the Spital of St. Mary, in Bishopsgate Street, informing the public of the need

* "A contest had long subsisted between the Common Council of the City of London and the acting governors of all the royal hospitals, the former claiming a right to be admitted governors in virtue of the several royal charters. This dispute has been happily settled by a compromise which allows the admission of twelve of the Common Council to each hospital," by the Act of 1782 (Bowen's "Historical Account of Bethlem," 1783).

of pecuniary help, and exciting them to the exercise of charity.

Again, in 1669 a deputation waited on the Lord Mayor to acquaint him with the great cost of Bethlem, and to request that no patient should be sent until the president was informed, in order that he might fix on the weekly allowance, and obtain some security of payment.

I need not say that since the period to which I refer, the income of Bethlem Hospital has, in consequence of gifts, and the enormously greater value of house property in London, been immensely increased, and that what with its annuities, its stocks of various kinds, and its extensive estates, it is to-day in the position of doing, and without doubt actually does, an immense amount of good.

Half a century after Henry VIII.'s death, Bethlem Hospital was reported to be so loathsome as to be unfit for any man to enter. There were then twenty patients. I do not know, however, that any action was taken in consequence. Thirty-four years afterwards (1632), I observe that the buildings were enlarged, and mention is made of "one messuage, newly builded of brick at the charge of the said hospital, containing a cellar, a kitchen, a hall, four chambers, and a garret, being newly added unto the old rooms." Also, "a long waste room now being contrived and in work, to make eight rooms more for poor people to lodge where there lacked room before." *

* Charity Commissioners' Report, 1837, p. 390.

In 1624, and I dare say at many other periods, the patients were so refractory that it was necessary to call in the flax-dressers, whose tenter-boards may be seen in the adjoining field in the maps of London of this period, in order to assist the keepers in their duties!

Just about the same date (1632) I notice that an inquisition mentions various sums being expended on fetters and straw. The governor at that time, I should add, was a medical man. This is the first mention of such being the case. His name was Helkins or Hilkiah Crooke. He was born in Suffolk; graduated M.B. in 1599 and M.D. in 1604. He was a Fellow of the College of Physicians, and was author of "A Description of the Body of Man," etc. (1616). There is in the second edition of this work a small whole-length portrait by Droeshout.*

Ten years later (1642) there was a still further addition to Bethlem. Twelve rooms were built on the ground floor, over which there were eight for lunatics. The hospital, however, only accommodated some fifty or sixty patients, and it is observed in "Stow's Survey of London," that besides being too small to receive a sufficient number of distracted persons of both sexes, it stood on an obscure and close place near to many common sewers.

The hospital was one day visited by Evelyn. He had been dining with Lord Hatton, and writes on returning: "I stepped into Bedlam, where I saw several poor miserable creatures in chains; one of them was

* See Munk's "Roll of the Royal College of Physicians," vol. i. p. 177.

mad with making verses." This was on the 21st of April, 1657. Pepys does not record a single visit to it himself, but on February 21, 1668, he enters in his diary that "the young people went to Bedlam." *

Smith, in his "Ancient Topography of London," says —and the authority for most of his statements was Mr. Haslam †—"The men and women in old Bethlem were huddled together in the same ward." It was only when the second Bethlem was built that they had separate wards.

In Hollar's Map of London, engraved 1667, which gives the most distinct representation of Bethlem Hospital at that period, there are no additional buildings given, although we know they had been made. Nor are those inserted which were built on the site of the church in the centre of the quadrangle.

I have in the previous chapter spoken of Bedlam beggars, and would add here that they are represented as wearing about their necks "a great horn of an ox in a string or bawdry, which when they came to an house for alms, they did wind, and they did put the drink given them into their horn, whereto they did put a stopple." This description by Aubrey ‡ illustrates "Poor Tom, thy horn is dry!" in "King Lear." So in Dekker's "English Villanies" (1648) the Abram-man is described as begging thus: "Good worship master! bestow you reward on a poor man who hath been in Bedlam without

* Edit. 1877, vol. v. p. 472.
† Appointed apothecary to Bethlem, 1795.
‡ "Natural History of Wiltshire," p. 93.

Bishopsgate three years, four months, and nine days, and bestow one piece of small silver towards his fees which he is indebted there of £3 13*s.* 7½*d.* (or to such effect), and hath not wherewith to pay the same but by the help of worshipful and well-disposed people, and God to reward them for it." "Then," adds Dekker, "will he dance and sing, and use some other antic and ridiculous gestures, shutting up his counterfeit puppet play with this epilogue or conclusion—'Good dame, give poor Tom one cup of the best drink. God save the king and his Council, and the governor of this place.'"

Bedlam beggars were so great a nuisance, even in 1675, that the governors gave the following public notice:—"Whereas several vagrant persons do wander about the City of London and Countries, pretending themselves to be lunaticks, under cure in the Hospital of Bethlem commonly called Bedlam, with brass plates about their arms, and inscriptions thereon. These are to give notice, that there is no such liberty given to any patients kept in the said Hospital for their cure, neither is any such plate as a distinction or mark put upon any lunatick during their time of being there, or when discharged thence. And that the same is a false pretence to colour their wandering and begging, and to deceive the people, to the dishonour of the government of that Hospital."*

I will now pass on to the close of the chapter of this the first Bethlem Hospital, with the remark in passing that Charles I. confirmed the charter of Henry VIII. in

* *London Gazette*, No. 1000.

1638,* and will direct attention to the year 1674, when the old premises having become totally unfit for the care —to say nothing of the treatment—of the inmates, it was decided to build another hospital. The City granted a piece of land on the north side of London Wall, extending from Moor Gate, seven hundred and forty feet, to a postern opposite Winchester Street, and in breadth eighty feet—the whole length of what is now the south side of Finsbury Circus. At the present time the corner of London Wall and Finsbury Pavement, Albion Hall, and the houses to the east, mark this spot, the grounds in front of the hospital being, of course, situated in what is now Finsbury Circus.

Smith's plates, in his "Ancient London," show the back and west wing of the asylum very well; and an elevation showing its front, which looked north towards what is now the London Institution, is represented in an engraving frequently met with in the print shops. Circus Place now runs through what was the centre of the building. The building, intended for a hundred and twenty patients (but capable of holding a hundred and fifty), was commenced in April, 1675, and finished in July of the following year, at a cost of £17,000. It was five hundred and forty feet long by forty feet broad.

Of this building, Gay wrote—

> "Through fam'd Moorfields, extends a spacious seat,
> Where mortals of exalted wit retreat;
> Where, wrapp'd in contemplation and in straw,
> The wiser few from the mad world withdraw."

* This charter appears to grant more than the mere patronage of the hospital.

Evelyn thus records his visit to the new hospital: "1678, April 18. I went to see New Bedlam Hospital, magnificently built, and most sweetly placed in Moorfields since the dreadful fire in London." *

"Sweetly" was not an appropriate term to use, as it proved, for it was built on the ditch or sewer on the north side of London Wall, and this circumstance led to the foundations ultimately proving insecure, not to say unsavoury.

As the hospital was opened in 1676, it is noteworthy that it is now more than two centuries since the first large asylum † was built for the sole object of providing for the insane in England. This is the building in Moorfields so familiar to our forefathers for nearly a century and a half, and known as Old Bethlem by print-dealers, and, indeed, by almost every one else; for the memories and traditions of the genuine Old Bethlem, which I have endeavoured to resuscitate, have almost faded away. Indeed, in 1815, when one of the physicians of the hospital (Dr. Monro) was asked, at the Select Committee of the House of Commons, whether there had not been such a building, he replied that he did not know.

Let me bring before the reader the condition of Moorfields in those days. Finsbury was so called from the fenny district in which it lay. Skating was largely practised here. In the old maps Finsbury fields

* Evelyn's Diary, vol. ii. p. 119 (edit. 1850).

† The houses in Charing Cross and Barking, while earlier than Bethlem as receiving the insane exclusively, were, of course, on a very small scale compared with the Moorfield Asylum.

lie on the north-east side of Moorfields. Now Finsbury Circus and Square correspond to the site of a part of Moorfields. Formerly Moorfields extended up to Hoxton, "but being one continued marsh, they were in 1511 made passable by proper bridges and causeways. Since that time the ground has been gradually drained and raised." *

It was a favourite resort for archers. An association called the Archers of Finsbury was formed in King Edward I.'s time. There is an old book on archery, entitled "Ayme for Finsbury Archers," 1628. An anonymous poem in blank verse, published in 1717, entitled "Bethlem Hospital," attributed to John Rutter, M.A., contains the following lines, referring to the appropriation of the ground for drying clothes :—

> "Where for the City dames to blaunch their cloaths,
> Some sober matron (so tradition says)
> On families' affairs intent, concern'd,
> At the dark hue of the then decent Ruff
> From marshy or from moorish barren grounds,
> Caused to be taken in, what now *Moorfields*,
> Shaded by trees and pleasant walks laid out,
> Is called, the name retaining to denote,
> From what they were, how Time can alter things.
> Here close adjoining, mournful to behold
> The dismal habitation stands alone."

The following is the description of the building given by Smith in his "Ancient Topography of London" :— "The principal entrance is from the north, of brick and freestone, adorned with four pilasters, a circular pediment, and entablature of the Corinthian Order. The

* Noorthouck's "A New History of London," 1773.

King's arms are in the pediment, and those of Sir William Turner above the front centre window. . . . It certainly conveys ideas of grandeur. Indeed it was for many years the only building which looked like a palace * in London. Before the front there is a spacious paved court, bounded by a pair of massy iron gates, surmounted with the arms of the Hospital. These gates hang on two stone piers, composed of columns of the Ionic Order, on either side of which there is a small gate for common use. On the top of each pier was a recumbent figure, one of raving, the other of melancholy madness, carved by Caius Gabriel Cibber. The feeling of this sculptor was so acute, that it is said he would begin immediately to carve the subject from the block, without any previous model, or even fixing any points to guide him. I have often heard my father say that his master, Roubiliac, whenever city business called him thither, would always return by Bethlem, purposely to view these figures" (p. 32).

Under an engraving of these figures, drawn by Stothard, are the lines :—

> "Bethlemii ad portas se tollit dupla columna ;
> Εικόνα τῶν ἐντός χώ λίθος ἐκτος ἔχει.
> Hic calvum ad dextram tristi caput ore reclinat,
> Vix illum ad lævam ferrea vinc'la tenent.
> Dissimilis furor est Statuis ; sed utrumque laborem
> Et genium artificis laudat uterque furor."
>
> *Lusus Westmonasteriensis.*

Pope, in the "Dunciad," thus spitefully refers to

* In fact, it was built on the plan of the Tuileries, which is said to have greatly incensed Louis XIV.

them in connection with the sculptor's son, Colley Cibber, the comedian:—

> "Close to those walls where Folly holds her throne,
> And laughs to think Monro would take her down,
> Where o'er the gates by his famed father's hand
> Great Cibber's brazen,* brainless brothers stand."

Nettled at being made the brother of two madmen, Cibber retaliated in a philippic upon Pope, which it is said (with what truth I know not) hastened his death.† It was entitled "A letter from Mr. Cibber to Mr. Pope, wherein the New Hero's Preferment to his Throne in the 'Dunciad' seems not to be accepted, and the Author of that Poem His more rightful claim to it is asserted.

> —— 'Remember Sauney's Fate,
> Bang'd by the Blockhead whom he strove to beat.'
> *Parodie on Lord Roscommon.*

London, MDCCXLIV." And certainly Pope died a few months after, May, 1744. It is, however, highly improbable that he would in the slightest degree care for this letter, though he might suffer some remorse for his spiteful attack on so good-natured a fellow. Cibber says in this letter that people "allow that by this last stale and slow endeavour to maul me, you have fairly wrote yourself up to the Throne you have raised, for the *immortal Dulness* of your humble servant to nod in. I am therefore now convinced that it would be ill-breeding in *Me* to take *your* seat, Mr. Pope. Nay, pray, Sir, don't

* Not of brass, but of Portland stone. One of the figures was said to represent Oliver Cromwell's porter, who was a patient in the first Bedlam. In 1814 they were "restored" by Bacon (the younger).

† Pennant's "London," edit. 1793, p. 267.

press me! . . . I am utterly conscious that no Man has so good a Right to repose in it, as yourself. Therefore, dear, good good Mr. Pope, be seated! . . . Whether you call me Dunce or Doctor, whether you like me, or lick me, contemn, jerk, or praise me, you will still find me the same merry Monarch I was before you did me the Honour to put yourself out of Humour about me," etc.

These figures, now banished to South Kensington Museum, and there incarcerated at the top of the building, and only seen by special permission, are, of course, quite unsuitable for the entrance of the hospital, but I would plead for their being placed somewhere in Bethlem, their natural *habitat.* As works of art, the governors and officers cannot but be proud of them. I suppose, however, their banishment is intended as a public protest against the old system of treatment which one of them exhibits, and from this point of view is no doubt creditable. I would here observe that the figure of the maniac is superior to that of the melancholiac, whose expression is rather that of dementia than melancholia. I think that when Bacon, in 1820, repaired this statue, he must have altered the mouth, because, in the engraving by Stothard, this feature, and perhaps others, are more expressive.

At Bethlem Hospital there were also certain gates called the "penny gates," and on each side of them was a figure of a maniac—one a male, the other a female. "They are excellently carved in wood, nearly the size of life, have frequently been painted in proper colours, and bear other evidence of age. It is reported they

were brought from Old Bethlem. In tablets over the niches in which they stand, is the following supplication :—'*Pray remember the poor Lunaticks and put your Charity into the Box with your own hand.*' " *

There was a portrait of Henry VIII. in the hospital, which was also said to have been brought from the first Bethlem. A portrait is now in the committee-room of the hospital.

The "penny gates" refer, no doubt, to the custom of allowing Bethlem to be one of the sights of the metropolis, the admission of any one being allowed for a penny, by which an annual income of at least £400 was realized. The practice was discontinued in 1770. This amount is, however, probably exaggerated, as it is difficult to believe that 96,000 persons visited the hospital in the course of the year. Ned Ward, however, from whom I shall shortly quote, says the fee was 2*d.* in his time. If so, 48,000 may be about correct.

In the "Rake's Progress," Hogarth represents two fashionable ladies visiting this hospital as a show-place, while the poor Rake is being fettered by a keeper. The doctor, I suppose, is standing by. The deserted woman who has followed him in his downward course to the hospital is by his side. The expression of the Rake has been said to be a perfect representation of

"Moody madness laughing wild, amid severest woe."

A maniac lying on straw in one of the cells is a conspicuous figure. There is a chain clearly visible.

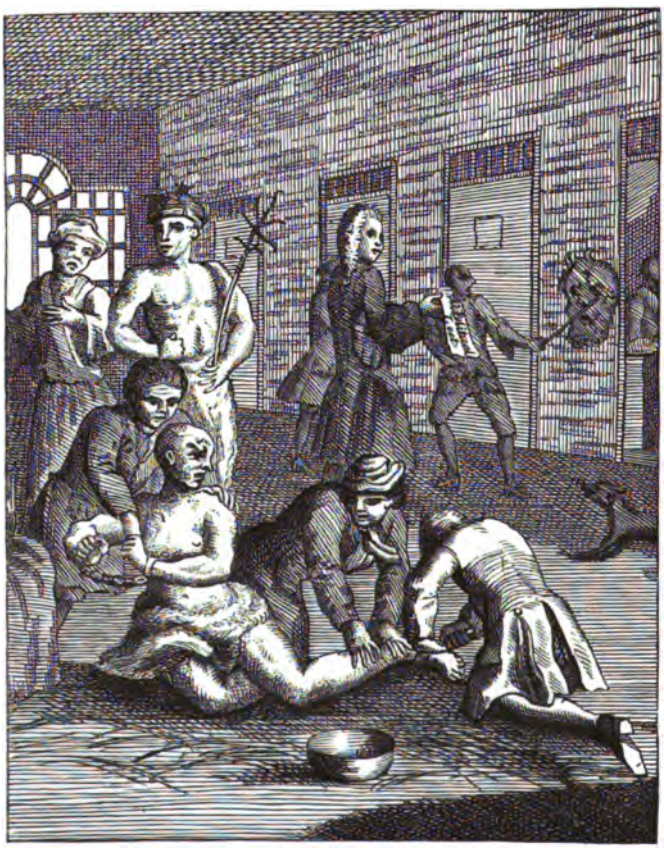
* Smith, *op. cit.*, p. 35.

In another cell is a man who believes himself a king, and wears a crown of straw.

An astronomer has made himself a roll of paper for a telescope, and imagines that he is looking at the heavens. The patient near him has drawn on the wall the firing off a bomb, and a ship moored in the distance. Ireland, in his notes on "Hogarth," says it was to ridicule Whiston's project for the discovery of the longitude, which then attracted attention, and had sent some people crazy. Then there is a mad musician with his music-book on his head; a sham pope; and a poor man on the stairs "crazed with care, and crossed by hopeless love," who has chalked "Charming Betty Careless" upon the wall. One figure looks like a woman, holding a tape in her hands, but is intended for a tailor.*

There is in Mr. Gardner's collection a print representing the interior of one of the wards of Bethlem about the year 1745, when the hospital, therefore, was in Moorfields. There are manacles on the arms of a patient who is lying on the floor, but there are none on the legs, as represented in Hogarth. With this interior, kindly placed at my disposal by Mr. Gardner, the reader can compare an interior of the existing institution, from a photograph, for the use of which I am indebted to the present medical superintendent, Dr. Savage. The artist of the former picture has evidently aimed at giving as pleasant an impression as possible of the care bestowed on the inmates of Bethlem, but the contrast is an interest-

* Cf. Ireland's "Hogarth," vol. i. p. 64, for description of this plate.



WARD IN BETHLEM HOSPITAL ABOUT 1745.

Print in Mr. Gardner's collection.] [*Page* 74.

WARD IN BETHLEM HOSPITAL AT THE PRESENT DAY.

From a Photograph.] [*Page 74.*

ing commentary on the past and present appearance of an asylum gallery.

In a poem bearing the title of "Bedlam," and dated 1776, the writer, after bestowing praise on the building, adds :—

> "Far other views than these within appear,
> And Woe and Horror dwell for ever here;
> For ever from the echoing roofs rebounds
> A dreadful Din of heterogeneous sounds:
> From this, from that, from every quarter rise
> Loud shouts, and sullen groans, and doleful cries;
> * * * * *
> Within the chambers which this Dome contains,
> In all her 'frantic' forms, Distraction reigns:
> * * * * *
> Rattling his chains, the wretch all raving lies,
> And roars and foams, and Earth and Heaven defies."

Ned Ward, in his "London Spy," gives a graphic account of his visit with a friend to Bedlam :—"Thus," he says, "we prattled away our time, till we came in sight of a noble pile of buildings, which diverted us from our former discourse, and gave my friend the occasion of asking me my thoughts of this magnificent edifice. I told him I conceived it to be my Lord Mayor's palace, for I could not imagine so stately a structure to be designed for any quality inferior; he smiled at my innocent conjecture, and informed me this was Bedlam, an Hospital for mad folks. In truth, said I, I think they were mad that built so costly a college for such a crack-brained society; adding, it was a pity so fine a building should not be possessed by such who had a sense of their happiness: sure, said I; it was a mad age when this was raised, and the chief of the

city were in great danger of losing their senses, so contrived it the more noble for their own reception, or they would never have flung away so much money to so foolish a purpose. You must consider, says my friend, this stands upon the same foundation as the Monument, and the fortunes of a great many poor wretches lie buried in this ostentatious piece of vanity; and this, like the other, is but a monument of the City's shame and dishonour, instead of its glory; come, let us take a walk in, and view its inside. Accordingly we were admitted in thro' an iron gate, within which sat a brawny Cerberus, of an Indico-colour, leaning upon a money-box; we turned in through another Iron-Barricado, where we heard such a rattling of chains, drumming of doors, ranting, hollowing, singing, and running, that I could think of nothing but Don Quevedo's Vision, where the lost souls broke loose and put Hell in an uproar. The first whimsey-headed wretch of this lunatic family that we observed, was a merry fellow in a straw cap, who was talking to himself, 'that he had an army of Eagles at his command,' then clapping his hand upon his head, swore by his crown of moonshine, he would battle all the Stars in the Skies, but he would have some claret. . . . We then moved on till we found another remarkable figure worth our observing, who was peeping through his wicket, eating of bread and cheese, talking all the while like a carrier at his supper, chewing his words with his victuals, all that he spoke being in praise of bread and cheese: 'bread was good with cheese, and cheese was good with bread, and bread and cheese was

good together ;' and abundance of such stuff ; to which my friend and I, with others stood listening ; at last he counterfeits a sneeze, and shot such a mouthful of bread and cheese amongst us, that every spectator had some share of his kindness, which made us retreat." *

Many other dialogues with the inmates of Bedlam are given, but they are evidently embellished, or altogether fictitious ; true as I believe the description of the building and the uproar within to be.

Mr. Harvey, from his recollections of the hospital in Moorfields, in the early part of this century, thus writes in 1863 : "When I remember Moorfields first, it was a large, open quadrangular space, shut in by the Pavement to the west, the hospital and its outbuildings to the south, and lines of shops with fronts, occupied chiefly by dealers in old furniture, to the east and north. Most of these shops were covered in by screens of canvas or rough boards, so as to form an apology for a piazza ; and if you were bold enough, in wet weather, you might take refuge under them, but it was at the imminent risk of your purse or your handkerchief. It was interesting to inspect the articles exposed for sale : here a cracked mirror in a dingy frame, a set of hair-seated chairs, the horse-hair protruding ; a table, stiff, upright easy chairs, without a bottom, etc. These miscellaneous treasures were guarded by swarthy men and women of Israel, who paraded in front of their narrow dominions all the working day, and if you did but pause for an instant, you must expect to be dragged into some hideous Babel of

* Page 61. Written in 1703.

frowsy chattels, and made a purchaser in spite of yourself. Escaping from this uncomfortable mart to the hospital footway, a strange scene of utter desertion came over you; long, gloomy lines of cells, strongly barred, and obscured with the accumulated dust, silent as the grave, unless fancy brought sounds of woe to your ears, rose before you; and there, on each side of the principal entrance, were the wonderful effigies of raving and moping madness, chiselled by the elder Cibber. How those stone faces and eyes glared! How sternly the razor must have swept over those bare heads! How listless and dead were those limbs, bound with inexorable fetters, while the iron of despair had pierced the hearts of the prisoned maniacs!" *

It was in 1733 that two wings were added for incurable patients, but this proved insufficient in the course of time; and in 1793 an adjoining plot of ground was obtained, and more accommodation provided. Only six years later, however, surveyors appointed to inspect the premises reported that the hospital was dreary, low, melancholy, and not well aired; and in 1804 the condition of the building was so dangerous that it was resolved to admit no more patients except those already petitioned for.† As the asylum had been built upon the ancient ditch of the city, a large portion of the foundation

* Malcolm, in his "Londinum Redivivum," 1803 (vol. i. p. 351), says, "The back part of the hospital, next London Wall, is too near the street. I have been much shocked at the screams and extravagances of the sufferers when passing there. This circumstance is to be deplored, but cannot now be remedied."

† Proceedings of the Committee and Reports from Surveyors respecting the state of Bethlem Hospital in 1800 and 1804. London, 1805.

was insecure. Serious settlements had taken place, and rendered it necessary to underpin the walls.* When one looks at the palatial building represented in engravings, one feels some surprise to find it described as so low and dreary; but doubtless it was quite time to erect another asylum, and seek a better and more open site.

I do not propose to enter upon the revelations made as to the internal condition of Bethlem Hospital by the investigations of the Committee of the House of Commons in 1815;† many are familiar with the prints exhibited at this Committee, of poor Norris who was secured by chains as there represented, consisting of (1) a collar, encircling the neck, and confined by a chain to a pole fixed at the head of the patient's bed; (2) an iron frame, the lower part of which encircled the body, and the upper part of which passed over the shoulders, having on either side apertures for the arms, which encircled them above the elbow; (3) a chain passing from the ankle of the patient to the foot of the bed.

As to the treatment pursued at this time at Bethlem, the pith of it is expressed in one sentence by Dr. T. Monro in his evidence before the Committee. He had been visiting physician since 1783. "Patients," he says, "are ordered to be bled about the latter end of May, according to the weather; and after they have been bled, they take vomits, once a week for a certain number of weeks; after that we purge the patients. That

* Charity Commissioners' Report, 1837.

† Bethlem expended £606 in 1814 and 1816, in opposing the "Madhouse Regulation Bill."

has been the practice invariably for years long before my time; it was handed down to me by my father, and I do not know any better practice." If in all this we are disposed to blame Bethlem, let us still more condemn the lamentable ignorance and miserable medical red-tapism which marked the practice of lunacy in former times.

I may here remark that, prior to the Monros, Dr. Thomas Allen * was, in 1679, visiting physician to Bethlem, and that, as I have observed already, Helkins Crooke (1632) was the first medical man who is known to have been at the head of this hospital. Dr. Tyson was physician from 1684 to 1703. Mr. Haslam was appointed resident apothecary in 1795, and in 1815 gave evidence before the Committee of the House of Commons. At that time he said there were a hundred and twenty-two patients; "not half the number," he stated, "which we used to have." For these there were three male and two female keepers: the former assisting the latter when the female patients were refractory. Ten patients, he said, were at that moment in chains, and we may be sure that the number was much larger before public feeling had been aroused to demand investigation. "The ultimatum of our restraint," said Mr. Haslam, "is manacles, and a chain round the leg, or being chained by one arm; the strait waistcoat, for the best of reasons, is never employed by us." Mr. Haslam, when asked whether a violent patient could be safely trusted when

* See Dr. Munk's "Roll of the College of Physicians," vol. i. p. 361. For notices of the Monros, see the same work. An interesting series of portraits of this family are in the possession of the College.

his fist and wrists were chained, replied, "Then he would be an innoxious animal." Patients, however, were frequently chained to the wall in addition to being manacled.

A brief reference here to Dr. Allen and Dr. Tyson will not be out of place.

"To his [Dr. Allen's] credit let it be recorded," says Dr. Munk, "that he refused to accede to a proposition which had met with general approbation at the Royal Society (of which he was himself a Fellow), to make the first experiment of the transfusion of blood in this country 'upon some mad person in Bedlam.'" He died in 1684.

Dr. Edward Tyson, F.R.S., was the author of various works, but none on mental disease. His portrait is in the College. He died in 1708, aged 58, and was buried in St. Dionys Backchurch, where there is a monument to his memory. He is the Carus of Garth's Dispensary.*

> "In his chill veins the sluggish puddle flows,
> And loads with lazy fogs his sable brows;
> Legions of lunaticks about him press,
> His province is lost Reason to redress."

Of the family whose hereditary connection with Bethlem is so remarkable, it should be chronicled that Dr. James Monro was elected physician to Bethlem, 1728; he died 1752. His son describes him as "a man of admirable discernment, who treated insanity with an address that will not soon be equalled." Dr. John Monro succeeded his father in this post. "He limited

* "Roll of the College of Physicians," by Dr. Munk, vol. i. p. 428.

his practice almost exclusively to insanity, and in the treatment of that disease is said to have attained to greater eminence and success than any of his contemporaries. In January, 1783, while still in full business, he was attacked with paralysis. . . . His vigour, both of body and mind, began from that time to decline. In 1787 his son, Dr. Thomas Monro, was appointed his assistant at Bethlem Hospital, and he then gradually withdrew from business."* He died in 1791, aged 77. He was the author of "Remarks on Dr. Battie's Treatise on Madness, 1758." Dr. Thomas Monro was appointed physician to Bethlem in 1792, and held that office till 1816; he died 1833, aged 73. His son, Dr. Edward Thomas Monro, succeeded him.

We now arrive at the close of the second Act in the drama of the Royal Hospital of Bethlehem. The scene of Act the Third is laid in St. George's Fields. The area of land covered about twelve acres. Provision was made for two hundred patients. In 1810 an Act of Parliament was obtained (50 Geo. III., c. 198), by which the City was authorized to grant the property to trustees for the governors of the hospital, for the purpose of erecting a new one on an enlarged scale—on lease for eight hundred and sixty-five years, at a yearly rent of 1*s.* The Corporation entered upon the spot occupied by the old hospital in Moorfields. The first stone was laid in St. George's Fields in April, 1812, and it was opened August, 1815, consisting of a centre and two wings, the frontage extending five hundred

* Dr. Munk.

and ninety-four feet. "The former has a portico, raised on a flight of steps, and composed of six columns of the Ionic order, surmounted by their entablature, and a pediment in the tympanum on which is a relief of the Royal arms. The height to apex is sixty feet." There is the following inscription:

"HEN. VIII. REGE FUNDATUM. CIVIUM LARGITAS PERFECIT."

The funds were derived from the following sources:—

	£	s.	d.
Grant from Parliament	72,819	0	6
Benefactions from Public Bodies ...	5,405	0	0
Private Individuals	5,709	0	0
Amount of Interest upon Balances in hand	14,873	4	8
Contributed from funds of Hospital ...	23,766	2	3
	£122,572	7	5

Even in this new building, opened before the conclusion of the labours of the Select Committee of the House of Commons, 1815-16, the windows of the patients' bedrooms were not glazed, nor were the latter warmed; the basement gallery was miserably damp and cold; there was no provision for lighting the galleries by night, and their windows were so high from the ground that the patients could not possibly see out, while the airing-courts were cheerless and much too small. Such was the description given by a keen observer, Sydney Smith, from personal inspection.*

Additional buildings were erected in 1838, the first stone being laid July 26th of that year, when a public breakfast was given at a cost of £464; and a narrative

* *Edinburgh Review*, 1817, p. 443.

of the event at a cost of £140; a generous outlay of charitable funds! We may be quite sure that no one who breakfasted at Bethlem on this occasion had any reason to be reminded of Sir Walter Scott's observation in a letter dated March 16, 1831: "I am tied by a strict regimen to diet and hours, and, like the poor madman in Bedlam, most of my food tastes of oatmeal porridge."

Of the site of the third Bethlem Hospital a few words will suffice. The notorious tavern called "The Dog and Duck" was here, and there is still to be seen in the wall to the right of the entrance to the hospital a representation in stone of the dog, with the neck of a duck in its mouth. It bears the date of 1716. In Mr. Timbs' "London" it is misstated 1617. Doubtless in olden time there was a pond here, for a duck hunt was a common sport, and brought in much custom to the inn. After the Dog and Duck, this site was occupied by a blind school, pulled down in 1811.

Shakespeare makes the Duke of York say in "Henry VI.":—

> "Soldiers, I thank you all; disperse yourselves;
> Meet me to-morrow in Saint George's Fields."
> 2 *Henry VI.*, Act v. sc. 1.

The only other reference in Shakespeare to this locality indicates that in his time there was a Windmill Inn in St. George's Fields, for he makes Shallow say to Falstaff—

> "O, Sir John, do you remember since we lay all night in the Windmill, in Saint George's Fields?"—2 *Henry IV.*, Act iii. sc. 2.

The subsequent history of Bethlem Royal Hospital;

the considerable improvements which succeeded the investigation; the inquiry and admirable Report of the Charity Commissioners in 1837, from which it appears that at that time some of the patients were still chained, and that the funds of Bethlem had been to no slight extent appropriated to personal uses; its exemption from the official visitation of asylums required by the Act of Parliament passed in 1845 (8 and 9 Vict., c. 100);* the unsatisfactory condition of the institution as revealed by the investigations made in 1851 (June 28 to December 4); the placing of the hospital in 1853 in the same position as regards inspection as other institutions for the insane (16 and 17 Vict., c. 96); the sweeping away of the old *régime*, and the introduction of a new order of things—the great lesson to be learned from this history being, as I think, the necessity of having lunatic asylums open to periodical visitation—and last, but not least, the establishment of a Convalescent Hospital at Witley within the last few years;—these important events I must content myself with merely enumerating, but I cannot close this chapter without expressing the satisfaction with which I regard the present management of the hospital, all the more striking when we recall some of the past pages of its history; nor can I avoid congratulating the resident physician and the other officers of the institution upon this result.

* Exemption from the operation of previous Acts had been obtained by 22 Geo. III., c. 77, s. 58; 9 Geo. IV., c. 40; and 2 and 3 Will. IV., c. 107, s. 62.

ST. LUKE'S HOSPITAL.

To the foregoing account of Bethlem Hospital it is necessary to add a brief reference to that of St. Luke's, which, in consequence of the insufficiency of Bethlem, was established in 1751, by voluntary subscription, and was situated on the north side of Upper Moorfields,* opposite Bethlem Hospital, in a locality called Windmill Hill, facing what is now Worship Street. It is stated that pupils were allowed to attend the hospital in 1753. It appears that Dr. Battie, the physician to the hospital, who also had a private asylum, was the first in London to deliver lectures on mental diseases. He wrote "A Treatise on Madness," in 1758, and in this work censured the medical practice pursued at Bethlem. He was warmly replied to by Dr. John Monro, in a book entitled "Remarks on Dr. Battie's 'Treatise on Madness.'" His "Aphorismi de Cognoscendis et Curandis Morbis nonnullis ad Principia Animalia accommodati" appeared in 1762. In 1763 he was examined before the House of Commons as to the state of private mad-houses in England. In April, 1764, he resigned, dying in 1776, from a paralytic stroke. His character was described by Judge Hardinge, as follows:—"Battius, faber fortunæ suæ, vir egregiæ fortitudinis et perseverantiæ, medicus perspicax, doctus et eruditus integritatis castissimæ, fideique in amicitiis perspectæ."

* A view of the hospital may be seen in the Print Room of the British Museum: vide manuscript "Index to Views," vol. viii. print 253. It is anything but inviting. Print 257 exhibits the building in Old Street.

Dr. Battie did not escape satire:—*

> "First Battus came, deep read in worldly art,
> Whose tongue ne'er knew the secrets of his heart;
> In mischief mighty, tho' but mean of size,
> And like the Tempter, ever in disguise.
> See him, with aspect grave and gentle tread,
> By slow degrees approach the sickly bed;
> Then at his Club behold him alter'd soon—
> The solemn doctor turns a low Buffoon,
> And he, who lately in a learned freak
> Poach'd every Lexicon and publish'd Greek,
> Still madly emulous of vulgar praise,
> From Punch's forehead wrings the dirty bays."

Dr. Munk, to whose "Roll of the Royal College of Physicians" we are indebted for these particulars, adds, "Eccentricity was strongly marked throughout the whole of Dr. Battie's career; many strange and curious anecdotes concerning him are on record," and he quotes from Nichol's "Literary Anecdotes" (vol. i. p. 18, *et seq.*) the following:—"He was of eccentric habits, singular in his dress, sometimes appearing like a labourer, and doing strange things. Notwithstanding his peculiarities, he is to be looked upon as a man of learning, of benevolent spirit, humour, inclination to satire, and considerable skill in his profession."

In 1782 a new building was erected on a site formerly known as "The Bowling Green," where St. Luke's now stands, in Old Street. It cost £50,000, extended four hundred and ninety-three feet, and, although built on the same plan as the former building, was a great improvement. It was opened January 1, 1787; the

* "The Battiad," attributed to Moses Mendez, Paul Whitehead, and Dr. Schomberg.

patients, one hundred and ten in number, having been removed from the first hospital.

Elmes says, "There are few buildings in the metropolis, perhaps in Europe, that, considering the poverty of the material, common English clamp-bricks, possess such harmony of proportion, with unity and appropriateness of style, as this building. It is as characteristic of its uses as that of Newgate, by the same architect" (George Dance, jun.).*

"Immediately behind this hospital is Peerless Pool, in name altered from that of 'Perillous Pond,' so called, says old Stow, from the numbers of youths who had been drowned in it in swimming." So writes Pennant in his "London," and adds that "in our time [1790] it has, at great expense, been converted into the finest and most spacious bathing-place now known; where persons may enjoy this manly and useful exercise with safety. Here is also an excellent covered bath, with a large pond stocked with fish, a small library, a bowling green, and every innocent and rational amusement; so that it is not without reason that the proprietor hath bestowed on it the present name." †

St. Luke's never got into ill repute like Bethlem. The investigation of the House of Commons' Committee of 1815 did not reveal many abuses. If, however, its condition at that period were compared with the well-managed institution of to-day, the result would be a very gratifying one. Thus, seventy years ago, the author

* See Thornbury's "Old and New London," vol. ii. p. 200.

† "Some Account of London," 3rd edit. 1793, p. 268.

of the "Description of the Retreat," while preparing it, visited St. Luke's and discussed the humane system of treatment of the insane with Mr. Dunstan, the superintendent, whom he considered desirous to do his duty to them, though he thought that, having made some steps on the road to improvement, he had become too much satisfied with himself, and that, having obtained a good character, he had become less solicitous about the treatment, and inclined to suspect those who had gone a step beyond him. "He was for many years a valuable attendant at Bethlem, but it would be very easy to advance many degrees from the practice of that establishment, and yet be at an inconceivable distance from perfection."* Mr. Dunstan observed, "You carry kind treatment too far at the Retreat—beyond safety. If you had many of our patients they would turn you topsy-turvy presently." Mr. Tuke replied, "It is certainly possible to carry a good general principle too far, but we have very few accidents or escapes, and we have many patients who come to us in a very violent state." Mr. Dunstan would not allow his visitor to see some of the rooms, and insisted that he could not have seen the worst cases at the Retreat when he visited it—"for I have men in this place who would tear to pieces every means of precaution or security which I saw there." The remainder of this manuscript of 1812 is worth reading by any one who knows the St. Luke's of 1882. "There are three hundred patients, sexes about equal; number of women formerly much greater than men;

* Manuscript memorandum of a visit to St. Luke's in 1812, by S. Tuke.

incurables about half the number. The superintendent has never seen much advantage from the use of medicine, and relies chiefly on management. Thinks chains a preferable mode of restraint to straps or the waistcoat in some violent cases. Says they have some patients who do not generally wear clothes. Thinks confinement or restraint may be imposed as a *punishment* with some advantage, and, on the whole, thinks fear the most effectual principle by which to reduce the insane to orderly conduct. *Instance:* I observed a young woman chained by the arm to the wall in a small room with a large fire and several other patients, *for having run downstairs to the committee-room door.* The building has entirely the appearance of a place of confinement, enclosed by high walls, and there are strong iron grates to the windows. Many of the windows are not glazed, but have inner shutters, which are closed at night. On the whole, I think St. Luke's stands in need of a radical reform."

In 1841 the infirmaries at each end of St. Luke's were fitted up for the reception of male and female patients. In 1842 a chaplain was appointed, and the present chapel set apart for worship. Open fireplaces were placed in each of the galleries. The old method of coercion was abolished; padded rooms were made available for the treatment of the paroxysm; additional attendants were hired; and an airing-ground was laid out and set apart for the use of the noisy and refractory patients. Wooden doors were substituted for the iron gates of the galleries, and the removal of the wire guards

from the windows inside of the galleries added much to their cheerfulness. The bars on the doors of the bedrooms, and the screens outside the windows of the galleries were also ordered to be removed. In 1843 the reading-rooms for the male and female patients were completed, and a library containing two hundred volumes was supplied by the kindness of the treasurer; an amusement fund was established for the purchase of bagatelle and backgammon boards, and other games for the use of the patients. In 1845 the hospital came under the provisions of the Lunacy Act (8 and 9 Vict., c. 100). Since the Lunacy Act of that year, the affairs of the hospital have been subjected to the control of the Commissioners, in addition to that of the House Committee and Board of Governors. Gas was introduced in 1848 into the hospital. In 1849 the pauper burial-ground at the back of the hospital was closed.* Numerous improvements have been made in recent years, especially in regard to the appearance of the galleries. The next improvement will be, I hope, to build a third St. Luke's, in the country.

* These particulars are taken from St. Luke's Annual Report of 1851, containing a retrospective sketch of its history, for the use of which we are indebted to the present superintendent, Dr. Mickley. Statistics of recovery are given for different periods, but the fallacies attending such comparisons are so great that I have not cited the figures.

CHAPTER III.

EIGHTEENTH-CENTURY ASYLUMS—FOUNDATION OF THE YORK RETREAT.

THERE were in England, at the beginning of the eighteenth century, private asylums for the insane, the beneficial treatment pursued in which was loudly vaunted in the public ear; but I am afraid the success was not equal to the promise or the boast. Thus, there was in London an old manor house in Clerkenwell, previously the residence of the Northampton family, which was converted into a private asylum by Dr. Newton the herbalist. His work, "The Herbal," was published by his son some years afterwards. There appeared in the *Post Boy* (No. 741) in the year 1700 an advertisement from Dr. Newton, which runs as follows:—"In Clerkenwell Close, where the figures of Mad People are over the Gate, liveth one who by the blessing of God cures all Lunatick, distracted, or mad people; he seldom exceeds three months in the cure of the Maddest person that comes in his house; several have been cured in a fortnight and some in less time; he has cured several from Bedlam, and other mad-houses in and about the

city, and has conveniency for people of what quality soever. No cure—No money."

A certain Dr. Fallowes published a work on insanity which attracted some attention at this period, having for its title, "The Best Method for the Cure of Lunatics, with some Accounts of the Incomparable Oleum Cephalicum used in the same, prepared and administered." * The author observes in his preface that "as this Kingdom perhaps most abounds with lunaticks, so the greatest variety of distractions are to be seen among us; for the spleen to which it has been observed this nation is extremely subject, often rises up to very enormous degrees, and what we call *Hypo* often issues in Melancholy, and sometimes in Raving Madness." The proper seat of madness, he adds, appears to be the brain, "which is disturbed by black vapours which clog the finer vessels thro' which the animal spirits ought freely to pass, and the whole mass of blood, being disordered, either overloads the small veins of the brain, or by too quick a motion, causes a hurry and confusion of the mind, from which ensues a giddiness and at length a fury. The abundance of bile, which is rarely found to have any tolerable secretion in such patients, both begets and carries on the disorder." Again, it will be seen that there is nothing more than the fashionable classic humoral pathology, without any original observations, and, in fact, the book is little more than a puff of his

* "By Tho. Fallowes, M.D., at his House in Lambeth-Marsh, and to be had there, or at Mr. Jones's Haberdasher in Hats, over against the *Pump* in *Chancery* Lane, and nowhere else," 1705. A second edition appeared in 1814.

incomparable oleum cephalicum, "a noble medicine," which he professes to have discovered; "a composition so very curious, which I have known the use and benefit of in so many instances, that I can venture to assure it to be the best medicine in the world in all the kinds of lunacy I have met with. It is of an excellent and most pleasant smell, and by raising small pustules upon the head, which I always anoint with it, opens the parts which are condensed and made almost insensible by the black vapours fixed upon the brain; it confirms its texture, strengthens the vessels, and gives a freedom to the blood and spirit enclosing them. . . . When applied after the greatest fury and passion, it never fails to allay the orgasm of the animal spirits, and sweetly compose 'em. . . . The distemper will be soon discharged, and I have known it frequently to produce a cure in the space of one month." He tells the reader he has had £10 a quart for it, but in compassion for the poor he has prepared a quantity to be sold at £4 a quart at his house. He also boasts of his kind treatment, and says, "The rough and cruel treatment which is said to be the method of most of the pretenders to this cure, is not only to be abhorred, but, on the contrary, all the gentleness and kindness in the world is absolutely necessary, even in all the cases I have seen." He says that not only has he never used violence, but that his patients have good and wholesome food in every variety, and maintains that such entertainments as are fit for persons of any degree or quality will be found in his house in Lambeth Marsh, "where the air is neither too settled

and thin, nor too gross." As chalybeate waters and cold bathing are useful, they can be had near, at the Lambeth waters and in the Southwark Park; and he closes his book by declaring that he is "always ready to serve mankind upon such terms as shall be acknowledged reasonable and proportioned to the character and condition of every patient."

Whether the patients placed under his care were treated as scientifically and kindly as at the well-known asylum now in Lambeth Road does not admit of question, although the latter has not much to say of the "black vapours fixed upon the brain," nor can it, I am afraid, boast of such a panacea as the oleum cephalicum!

I may add that, contemporary with Dr. Fallowes, an anonymous physician in London published "A Discourse of the Nature, Cause, and Cure of Melancholy and Vapours," in which he prescribes for the former, among other remedies, not only "salt armoniac" (*sic*), steel filings, red coral, zedoary, xyloalics, but, strangest of all, *toasted silk!*

Had we no other means of knowing the treatment to which some at least of the insane were subjected in the early part of the eighteenth century, we might infer it from a single passage in Swift's "Tale of a Tub," in which the author says, in a "Digression concerning Madness," that original people, like Diogenes, would, had they lived in his day, be treated like madmen, that is, would incur the danger of "phlebotomy, and whips, and chains, and dark chambers, and straw."

This was written in 1704.

Another well-known writer of that period, Smollett, did not distinguish himself for generous views in regard to the insane, and forms a complete contrast to his contemporary, Defoe, in his ideas of what the legislature ought to do for the insane—a contrast greatly to the credit of the latter. Smollett thought it would be neither absurd nor unreasonable for the legislature to divest all lunatics of the privilege of insanity in cases of enormity—by which he evidently means violent or homicidal acts—to subject them "to the common penalties of the law." He maintains that the consequences of murder by a maniac may be as pernicious to society as those of the most criminal and deliberate assassination. The entire inability indicated by this sentiment to distinguish between voluntary and involuntary acts, the result of disease—between motives and consequences—is singularly well shown. Unfortunately it was not peculiar to Smollett.

Eloquently did Daniel Defoe protest against the abuses of asylums in his day.* The "True-Born Englishman" reprobates the practice of men sending their wives to mad-houses at every whim or dislike, in order that they might be undisturbed in their evil ways. He asserts that this custom had got to such a head that the private mad-houses were greatly on the increase in and near London. He might well characterize this system as "the height of barbarity and injustice," and worse than "a clandestine inquisition," and say that these houses, if not suppressed,

* In his Review for 1706 there is a "Scheme for the Management of Mad-houses," with a case of abuse.

should at least be subjected to examination. "Is it not enough," he asks, "to make any one mad to be suddenly clapped up, stripped, whipped, ill fed, and worse used?" He says, "If this tyrannical inquisition, joined with the reasonable reflections a woman of any common understanding must necessarily make, be not sufficient to drive any soul stark-staring mad, though before they were never so much in their right senses, I have no more to say." He asks the reader to indulge for once the doting of an old man while he lays down his remedy, and not to charge him with the ambition to be a lawgiver. Defoe goes at once to the point, and says that it should be no less than felony to confine any person, under pretence of madness, without due authority. He calls upon Queen Caroline to begin her auspicious reign with an action worthy of herself. Addressing the ladies, he says, "Who can deny when you become suitors? and who knows but at your request a Bill may be brought into the House to regulate these abuses?" Defoe little knew the prejudice any reasonable measure would arouse when he added, "I am sure no honest member in either honourable House will be against so reasonable a Bill; the business is for some public-spirited patriot to break the ice by bringing it into the House, and I dare lay my life it passes." He would have infallibly lost it.

This naturally brings us to the question of what has been done by legislation, both for protecting the subject from being unjustly incarcerated on the plea of insanity, and for the protection of lunatics when confined in

asylums. The only Act of Parliament, up to the year 1808, which bore upon the care and protection of the lunatic poor was that passed in the year 1744, in the seventeenth year of George II. (17 Geo. II., c. 5). This authorizes any two justices to apprehend them, and have them securely locked up and, as might be expected, chained. The contrast between the spirit and the provisions of such an Act, and that passed a century later, under the auspices of Lord Shaftesbury, brings into strong relief the solid advance which has been made in a century, in the face of constant opposition from interested persons, as well as that which arises out of the mere apathy and lethargy of a large class of the community.

It should be added, in justice to the framers of the Act of 1744, that it refers to those who "are so far disordered in their senses that they may be too dangerous to be permitted to go abroad." It is rather for the protection of society than the care of the lunatic.

A Committee of the House of Commons was appointed in 1763, to inquire into the state of the private mad-houses of the kingdom. On this Committee sat Pitt and Fox,* Wilkes, Lord North, Mr. Grenville, and Mr. T. Townshend—names which alone serve to secure one's interest, and also to raise the expectation that something would be done. Their Report, while evidently drawn up in a cautious manner, shows, as had been insisted upon by Daniel Defoe, with what alarming facility the liberty of the subject could be taken away on the plea of insanity, and how frequently persons availed themselves of this

* As will be seen by the date, the elder Pitt and Fox.

facility in order to get rid of a troublesome wife or daughter, or to obtain some selfish object equally improper. Dr. Battie * gave it as his opinion that sane persons were frequently confined in asylums, and mentioned a case in which a gentleman, who had had his wife immured in one, justified himself by saying that he understood the house to be a sort of Bridewell, or place of correction. The same witness found one patient in an asylum, who had been there for years, chained to his bed, without ever having had the assistance of any physician before. He never heard anything more of him, until he was told some time after that he had died of fever, without having had further medical advice.

The Committee resolved, "That it is the opinion of this Committee that the present state of the private mad-houses in this Kingdom requires the interposition of the legislature."

The Resolution was agreed to by the House, and leave was given to bring in a Bill for the Regulation of Private Mad-houses, its preparation being left to Mr. Townshend and six other members of the House.

Unfortunately, no legislation followed the Report of this Committee; in fact, no further action was taken for ten long years.

Two years after this Committee sat, a melancholy picture of the condition of private asylums in England is given in the *Gentleman's Magazine*, and we can well believe that it was not over-coloured when we consider the evidence which had been given before the Committee.

* The physician referred to at p. 87.

The writer asserts that persons may be and are taken forcibly to these houses without any authority, instantly seized by a set of inhuman ruffians trained up to this barbarous profession, stripped naked, and conveyed to a dark room. If the patient complains, the attendant brutishly orders him not to rave, calls for assistants, and ties him down to a bed, from which he is not released till he submits to their pleasure. Next morning a doctor is gravely introduced, who, taking the report of the keeper, pronounces the unfortunate person a lunatic, and declares he must be reduced by physic. He is deprived of all communication with the outer world, and denied the use of pen and paper. Such usage, the writer goes on to say, without a formal warrant, is too much even for the Inquisition in Spain or Portugal, and cries aloud for redress in a land of liberty. One circumstance brought forcibly out is similar to that which, occurring at York some years afterwards (1791), led, as we shall see, to the foundation of an institution in which a directly opposite course was pursued. 'Patients," he says, "often cannot be found out, because the master lets them bear some fictitious names in the house; and if fortunately discovered by a friend, the master, or his servants, will endeavour to elude his search and defeat his humane intentions by saying *they have strict orders to permit no person to see the patient.*"

At an earlier period a lady was sent by her husband to a private asylum simply because she was extravagant and dissipated. The account of this affair is in manuscript, dated 1746, but the substance of it is given by

a gentleman in *Notes and Queries*, May 5, 1866. Two or three girls were placed in the same house, in order to break off love affairs disapproved by their friends.

Again, I observe the following entry in the *Gentleman's Magazine* under date Sunday, August 6, 1769:—"A gentleman near Whitehall, by the assistance of four ruffians, forced his lady into a hackney coach, and ordered the coachman to drive to a private mad-house, and there to be confined."

The *Gentleman's Magazine* writer's remedy for "a condition compared with which none is so deeply calamitous; no distress so truly miserable; no object so deserving of compassion, and none so worthy of redress," was a really effective Bill for the regulation of private mad-houses.

At last, in 1773, a Bill passed the Commons for the "Regulation of Private Mad-houses," the Report of 1763 having been first read. But again disappointment awaited this honest attempt to protect the insane and those alleged to be insane. The Bill was thrown out, as too many good Bills have been thrown out, by the House of Lords. One is reminded of the saying of Daniel O'Connell, "If it took twenty years to do nothing, how long would it take to do anything?" In the House of Commons, Mr. Townshend said in the debate that facts had come to his knowledge which would awaken the compassion of the most callous heart. Mr. Mackworth said that the scenes of distress lay hid indeed in obscure corners, but he was convinced that if gentlemen were once to see them, they would not rest a day until a

Bill for their relief was passed, and protested that he would mind neither time nor trouble, but employ every hour until some relief should be obtained. He asserted, as also did Mr. Townshend, that it was the "gentlemen of the long robe" who prevented any action being taken. Be this as it may, the Bill, as I have said, was thrown out, while another,* which proved almost a dead letter, was passed in the following year. It was required by this Act that licences should be granted "to all persons who shall desire the same." Reports of abuses were to be made to the College of Physicians, to be suspended in the College for perusal "by whosoever should apply for that purpose;" but the College had no power to punish delinquents. This Act is characterized by the Commissioners in Lunacy as "utterly useless in regard to private patients, though in terms directing visitations to be made to lunatics," and as they observe, its provisions "did not even apply to the lunatic poor, who were sent to asylums without any authority except that of their parish officers." Its scope did not extend beyond private mad-houses. For admission into these an order and medical certificate were necessary. They were sent to the secretary of the Commissioners, that is, five Fellows of the College appointed in accordance with the Act. They did not license or inspect the provincial private asylums, but these were directed to send copies of the order and certificate to the Fellows.

It is not surprising, perhaps, that nothing was done all these years, considering how many questions engrossed

* 14 Geo. III., c. 49 (1774).

the public mind. These comprised the exciting debates and the popular tumults connected with Wilkes and Horne Tooke, the heated discussions on the question of the freedom of reporting debates in Parliament, and the "Royal Marriage Bill." Lord Clive and Warren Hastings were engaged in deeds in India which were about to bring down upon them the philippics of Burke and Sir Philip Francis—much more attractive than the carrying of a Lunatic Bill through Parliament. And, above all, the struggle had commenced, though blood had not been spilt, between this country and her American colonies. Then again, there was the distraction caused by the remarkable mental affection of the Earl of Chatham, on which it will be fitting, and I think interesting, to dwell for a moment. He had become Prime Minister in 1766, and the following year was attacked by his remorseless enemy, the gout. Partially recovered, he returned to Parliament— so partially, indeed, that he was "scarce able to move hand or foot." Engaged in making certain changes in the ministry, he began (to employ the descriptive language of Trevelyan*) "to be afflicted by a strange and mysterious malady. His nerves failed him. He became wholly unequal to the transaction of any public affairs, and secluding himself in his own house, he would admit no visitors and open no papers on business. In vain did his most trusted colleagues sue to him for one hour's conversation. As the spring advanced, he retired to a house at Hampstead, and was able at intervals to

* "The Early History of Charles James Fox," by G. O. Trevelyan, 1880.

take the air upon the heath, but was still at all times inaccessible to all his friends." His brother-in-law, Mr. Grenville, wrote:* "Lord Chatham's state of health is certainly the lowest dejection and debility that mind or body can be in. He sits all the day leaning on his hands, which he supports on the table; does not permit any person to remain in the room; knocks when he wants anything; and, having made his wants known, gives a signal without speaking to the person who answered his call to retire."

"Other accounts of a rather later period," says Lord Mahon, "state that the very few who ever had access to him found him sedate and calm, and almost cheerful, until any mention was made of politics, when he started, trembled violently from head to foot, and abruptly broke off the conversation. During many months there is no trace in his correspondence of any letter from him, beyond a few lines at rare intervals and on pressing occasions, which he dictated to his wife. Even his own small affairs grew a burden too heavy for his enfeebled mind to bear. He desired Mr. Nuthall, as his legal adviser, to make ready for his signature a general power of attorney, drawn up in the fullest terms, and enabling Lady Chatham to transact all business for him (Chatham Correspondence, vol. iii. p. 282, August 17, 1767). At the close of the summer he was removed from Hampstead to Burton Pynsent, and thence to Bath, some benefit to his health being looked for from the change. But all his own thoughts and wishes at this time were

* Letter written July 30, 1767.

centred in the purchase of Hayes. In that air he had enjoyed good health; in that air he might enjoy it again. There, in former years, he had made improvements which his memory fondly recalled—plantations, for example, pursued with so much ardour and eagerness that they were not even interrupted at nightfall, but were continued by torchlight and with relays of labourers. To Hayes, again become his property, Lord Chatham was removed in December, 1767. But there, during many months ensuing, he continued to languish in utter seclusion, and with no improvement to his health.

"It is scarcely to be wondered at that a malady thus mysterious and thus long protracted should have given rise to a suspicion in some quarters that it was feigned or simulated, with a view to escape the vexations or avoid the responsibilities of office. This idea, however natural, was certainly quite unfounded. But, on the other hand, we may not less decisively discard the allegation of gout. . . . In truth, it was not gout, but the absence of gout, which at this period weighed upon Lord Chatham. On the 2nd of March he had arrived in London from Marlborough, still lame, and no more than half recovered. There his new physician, Dr. Addington, eager, no doubt, to restore him to his public duties with the least delay, had rashly administered some strong remedies, which did indeed dispel the gout from his limbs, but only to scatter it about his body, and especially upon his nerves. This fact was discovered, and has been recorded by two separate and equally shrewd observers at the time (Lord Chesterfield to his

son, December 19, 1767; Lord Orford, 'Memoirs,' ii. p. 451 *). Hence arose the dismal and complete eclipse which for upwards of a year his mental powers suffered. There was no morbid illusion of the fancy, but there was utter prostration of the intellect. . . . In September, 1767, Junius spoke of Lord Chatham as 'a *lunatic* brandishing a crutch.'" †

"In the autumn Lord Chatham's health grew stronger. Judging from the event, we may conclude that the morbid humours had begun to leave his nerves, and to concentrate for a fit—so long intermitted and so much needed—of his hereditary gout. He was still entirely shut out from his friends, and still unable to transact any business, but he could bear to hear it mentioned, and could form some judgment of its tenor. In this situation his mind, not yet restored to its full vigour, brooded over suspicions and discontents, for which the behaviour of his colleagues afforded him no just foundation." ‡

Lord Chatham now resigned the Privy Seal (October, 1768), which he had held since July, 1766. "Until towards the middle of March, 1767, he had been truly and in effect Prime Minister; since that time he had been—*nothing*."

Lord Chatham's derangement was, however, at

* "Lady Chatham also, when writing confidentially to Lord Shelburne in the autumn of 1767, observes, 'I wish I could say there was any material change in the state of my Lord's health, but we are forbid to expect that, until he can have a fit of gout.'"

† "History of England from the Peace of Utrecht," vol. v. pp. 166, 188 (edit. 1853).

‡ Page 203.

last dispelled. We find that "a few weeks only after Lord Chatham's resignation, his gout, so long interrupted, but for some time past giving symptoms of approach, returned. Bowed down as he was by a far more grievous malady, it proved to him a healing visitation. It raised his drooping spirits and strung his feeble nerves. The clouds which had obscured that great intellect wholly passed away. Never indeed did his splendid eloquence or his wise and resolute counsels shine forth more brightly than during the next following years."

It was in the year 1775 (November 29) that, on the American war question, Lord Chatham emerged from his retirement—a year after the Lunacy Act had passed.

Thirteen years later, his Sovereign fell a victim to the same disorder, and it is probable that the attention thus drawn to the malady exerted a beneficial influence upon public feeling, in the interests of those labouring under the same affliction. The clerical and medical doctor, Willis, who was at that time seventy years of age, was called in to attend George III. in 1788. The King had had, as early as 1765, a slight attack, but the fact was carefully concealed. Willis's treatment consisted in bark, blistering, and an occasional dose of calomel.* It is not necessary to enter here into the differences of opinion which arose as to the conduct of the case, between himself and his colleagues, Warren, Reynolds, and others. In February, 1789, the royal patient had progressed so favourably that he was able

* See "Evidence before the House of Commons." See also "Debates on the Regency," Hansard, vol. xxvii.

to write a sensible letter to Pitt, and on April 23rd of the same year he went to St. Paul's to offer thanks for his recovery, amid a vast and enthusiastic multitude, thereby running a great risk of a relapse. However, he had no return of the complaint till 1801, when he recovered rapidly. In 1804 he again became insane, and again recovered, the death of the Princess Amelia in 1810 causing the attack from which he never recovered. The subject of insanity was therefore brought before the public again and again, for some thirty years —longer, indeed, if we include Lord Chatham's derangement—and brought before them in a way which excited their commiseration in a marked degree.

It is worthy of notice that mechanical restraint was applied by Willis to the King. "Nothing," observes the late Dr. Ray, "can more strikingly indicate the change that has occurred since that time in respect to the means of managing the insane, than the fact that for two or three months the King was frequently subjected to mechanical restraint. There was nothing in his condition which could be considered at the present time a sufficient reason for its application." *

It may be observed here that John Wesley prescribed at this period for madness, as well as for irreligion.† One of his remedies was that the patient should be exclusively fed on apples for a month—a regimen which recalls the starving treatment of epilepsy prescribed, at

* "American Journal of Insanity," July, 1855.

† See the last edition, corrected by himself (1780), of his "Primitive Physic, or an Easy and Natural Method of curing most Diseases."

a recent date, by Dr. Jackson, of Boston. Wesley's prescriptions for "lunacy" and "raving madness" are given with almost as much confidence of success as those we have cited from the Saxon leech-book.

"For Lunacy:

1. Give decoction of agrimony four times a day.

2. Or, rub the head several times a day with vinegar in which ground ivy leaves have been infused.

3. Or, take daily an ounce of distilled vinegar.

4. Or, boil juice of ground ivy with sweet oil and white wine into an ointment. Shave the head anointed therewith, and chafe it in, warm, every other day for three weeks; bruise also the leaves and bind them on the head, and give three spoonfuls of the juice warm every morning.

☞ This generally cures melancholy. The juice alone taken twice a day will cure.

5. Or, electrify. Tried.

For Raving Madness:

1. It is a sure rule that all madmen are cowards, and may be conquered by binding only, without beating (Dr. Mead). He also observes that blistering the head does more harm than good. Keep the head close shaved, and frequently wash it with vinegar.

2. Apply to the head clothes dipt in cold water.

3. Or, set the patient with his head under a great waterfall, as long as his strength will bear; or pour water on his head out of a tea-kettle.

4. Or, let him eat nothing but apples for a month.

5. Or, nothing but bread and milk. Tried."

In all hypochondriacal cases, and in obstinate madness, Wesley recommended the following, wherein we see a return to the almost inevitable hellebore: "Pour twelve ounces of rectified spirits of wine on four ounces of roots of black hellebore, and let it stand in a warm place twenty-four hours. Pour it off and take from thirty to forty drops in any liquid, fasting."

Lastly, for all nervous disorders, he recurs to what was his favourite remedy, and says, "But I am firmly persuaded that there is no remedy in nature for nervous

disorders of every kind, comparable to the proper and constant use of the electrical machine."

I would direct the reader's attention to the condition of some asylums at the latter end of the eighteenth century, as described by a prominent character and noble philanthropist of that period.

The celebrated John Howard did not confine his attention to prisons, but frequently took occasion to visit asylums in the course of his philanthropic travels; and in his "Accounts of the Principal Lazarettos in Europe, together with Further Observations on some Foreign Prisons and Hospitals, and Additional Remarks on the Present State of those in Great Britain and Ireland" (1789), he contrasts St. Luke's Hospital with a hospital for lunatics at Constantinople, to the advantage of the latter in some respects, although he states that there is very little regard paid to cleanliness or the patients, while the former was neat and clean. Of the Constantinople asylums, he says, "They are admirable structures. . . . The rooms are all on the ground floor, arched, and very lofty, having opposite windows, and opening under a corridor into a spacious area." In the midst of the neglect of *human* beings he was astonished to find so much attention paid to *cats*, an asylum having been provided for them near the Mosque of St. Sophia. Of St. Luke's he says, "The cells were very clean and not offensive. The boxes on which the beds of straw lie are on a declivity and have false bottoms. The cells open into galleries, fifteen feet wide, and on each gallery was a vault, which was not offensive. . . . Here are large

airing grounds for men and women; there is also a new but very inconvenient bath. Here are, very properly, two sitting-rooms in each gallery, one for the quiet, the other for the turbulent; but I could wish that the noisy and turbulent were in a separate part of the house by day and by night. . . . Several women were calm and quiet, and at needlework with the matron. A chapel would be proper here for the advantage of recovering patients, as I have seen in such houses abroad."

It would seem, then, that although Howard observes, "I greatly prefer the asylum at Constantinople," he must refer to the less important matter of the structure of the building. As also when mentioning St. Patrick's or Swift's Hospital at Dublin, he says he should prefer the Dol-huis at Amsterdam and the hospital at Constantinople, "where the rooms open into open corridors and gardens, which is far better than their opening into passages as here in England."*

In his previous work, 1784, Howard observes, speaking of English prisons, "I must add here that in some few gaols are confined idiots and lunatics. These serve for sport to idle visitors at assizes and other times of general resort. Many of the Bridewells are crowded and offensive, because the rooms which were designed for prisoners are occupied by the insane (by the Irish Act, 3 Geo. III., such persons are required to be kept separate). Where they are not kept separate, they disturb and terrify other prisoners. No care is taken of them, although it is probable that by medicines, and proper regimen,

* Page 82.

some of them might be restored to their senses and to usefulness in life."*

We shall see more clearly, as we proceed, what was the condition of the insane in England at the latter part of the eighteenth century.

A time then came—in the year 1792—fraught with an event as important as it was unexpected, the beginning, on a small scale, of the reform which ultimately took place in the condition of British asylums; a reform slowly brought about by means which might have seemed very inadequate for the purpose. But the poet warns us to

> "Think naught a trifle, though it small appear;
> Small sands the mountain, moments make the year,
> And trifles life."

And does not Joseph de Maistre well say, "Aucune grande chose n'eut de grands commencements"—nothing great ever began great?

I should premise that there was at York an asylum founded some fifteen years before, on a charitable foundation, with it cannot be doubted, the best intentions on the part of its promoters, but, unfortunately, its management had been no better than the worst asylums of that day. It happened that, in 1791, the friends of a patient who was confined there, desiring to visit her, were refused admission, and suspicion was aroused as to the treatment to which she was subjected, with (as the event proved) only too much reason, and not,

* "The State of the Prisons in England and Wales, with Preliminary Observations," by John Howard, F.R.S., 3rd edit., 1784.

as sometimes happens at the present time, without just occasion, and, indeed, on the most frivolous and vexatious pretences. The knowledge that such is the case ought to make us very careful how we sit in judgment on our predecessors in regard to any charge brought against them. There is, however, undeniable evidence, proof which cannot be evaded, and ultimately admitted by all, that the asylum at York of which I speak was a frightful abode for lunatics. The time had not come for its public exposure, but instead of this it was proposed by a citizen of York—William Tuke—that an institution should be erected where there should be no concealment, and where the patients should be treated with all the kindness which their condition allowed. His mind, full of common sense, suggestive, and not seeing why the right thing should not be done—in fact, his creed being that it must be done—he set resolutely to work to effect his purpose. It became with him a question of humanity and right, and he resolved that if he could be the means of effecting it, there should be an asylum openly conducted and on humane principles. He talked over the project with his friends, and having at last formed a definite plan, he brought it forward before an assembly of the communion of which he was a member—the Society of Friends. I should have stated that the patient in the York Asylum to whom I have referred belonged to the same body. As was natural, difficulties were at first suggested; but, having an iron will, as well as a kind heart, he overcame them before long, and eventually succeeded in his object.

His feeling that something should be done had been strengthened by a visit he had paid to St. Luke's Hospital, where he saw the patients lying on straw and in chains. He was distressed with the scene, and could not help believing that there was a more excellent way. He resolved that an attempt should be made to ameliorate their miserable condition. His proposition was made in the spring of 1792. Adopted, and the funds provided, steps were taken for erecting an institution in a healthy locality in the neighbourhood of York. "The ground was elevated, and the situation afforded excellent air and water, as well as a very extensive and diversified prospect." The illustration (Frontispiece) will convey a better idea than any verbal description of this unpretentious building. Its character as a labour of love and humanity was embodied in an inscription written at the time, which may be discovered whenever the foundation stone is disinterred :—

HOC FECIT
AMICORUM CARITAS IN HUMANITATIS
ARGUMENTUM
ANNO DŃI MDCCXCII.

Referring to the establishment of the Retreat, an American physician of celebrity in the department of Psychological Medicine says, "Merit of this kind is seldom duly appreciated by the world, for it does not strike the imagination like that of brilliant discoveries in the physical sciences, and the very reason that reforms like that in question are so obviously sanctioned and confirmed by common sense and the feelings of

common humanity is apt to detract from the merit of those who conceive them." *

There are several points to which I have devoted considerable labour among the archives of the Retreat, and on which I have had the advantage of frequently conversing with the author of the "Description of the Retreat" in former years. Among these I may refer to an interesting explanation of the origin of the now familiar term "Retreat" as applied to a lunatic asylum. One day the conversation in the family circle turned on the question, What name should be given to the proposed institution? when my grandmother, who was much interested in the establishment, quickly remarked that it should be called a *Retreat.* It was at once seen that feminine instinct had solved the question, and the name was adopted, "to convey the idea of what such an institution should be, namely, a place in which the unhappy might obtain a refuge; a quiet haven in which the shattered bark might find the means of reparation or of safety;"—a term which became the parent of numberless imitations, some of them, it must be confessed, only so called by a miserable irony. It need hardly be remarked that this term had been from an early period employed in the Church of Rome to indicate a place of resort for meditation and penance during certain periods of the year.

Family tradition says that the wife of the projector of the Retreat—a woman of great force of character—questioned at first his wisdom in proposing the founda-

* Ray, *American Journal of Insanity*, vol. iv. p. 112.

tion of such an institution. He had (with her full concurrence) already established a school for the higher education of girls, among other projects which sprang from his fertile brain, and she playfully told him that people would say he had had many children, and that his last was an idiot. Here for once the woman's instinct failed, and masculine sense succeeded. Some of his co-religionists also discouraged the undertaking. "Looking back to the year 1792, and considering the miserable condition of the insane in general at that period, it appears to us almost strange that the proposal should have met in the first instance with considerable opposition, and that the institution had to struggle through many difficulties into existence." *

The experiment began in earnest, on the opening of the establishment, four years after it was instituted, the projector residing at and superintending it, a short interval excepted, until the appointment of Jepson, who, as well as his wife, the matron, were admirably adapted for their posts. During this period, "the founder," says the historiographer of the Retreat, "superintended the management of the patients, and entered into their cases with great zeal, discrimination, and humanity."

Letters in my possession, written by him, attest this, and also the difficulties which he encountered; for in one of them he writes, "All men seem to desert me in matters essential." Happily, however, a like-minded man, in many respects, was at last found in Jepson, who became an excellent superintendent, and remained at

* "Review of the Early History of the Retreat," by S. Tuke. 1846.

his post until the death of the founder, who to an advanced age continued, to quote his grandson, "to pay very close attention to the institution, generally visiting it several times a week."

It was early seen that work in the open air would be an important help in the experiment, and enough land for a farm had been obtained. I observe that, among other things, the fact particularly struck a Swiss physician who visited the Retreat not long after it was opened. He remarks on its presenting the appearance of a large rural farm, and on its being surrounded by a garden. He was also struck by another important feature: "There is no bar or grating to the windows."

"Cette maison est située à un mille de York au mileau d'une campagne fertile et riante; ce n'est point l'idée d'une prison qu'elle fait naître, mais plutôt celle d'une grande ferme rustique; elle est entourée d'un jardin fermé. Point de barreau, point de grillages aux fenêtres, on y a supplée par un moyen dont je rendrai compte ci-après.

"Vous voyez, que dans le traitement moral on ne considere pas les fous comme absolument privés de raison, c'est-à-dire, comme inaccessibles aux motifs de crainte, d'espérance, de sentiment et d'honneur, on les considere plutôt, ce semble, comme des enfans qui ont un superflu de force et qui en faisoient un emploi dangereux." *

* "Lettre addressée aux Rédacteurs de la Bibliothèque Britannique sur un nouvel établissement pour la guerison des Aliénés" (1798). Par Dr. Delarive, p. 29.

Pinel had now been at work five years, and for the first time heard of the management of the Retreat from the glowing account published by this Swiss physician Dr. Delarive. The conductors of the Retreat first became acquainted with Pinel's great work at the Bicêtre in Paris in 1806.

An incident related in honour of Jepson may fitly be introduced here. He "had found the doctrine of subduing the insane by fear maintained in St. Luke's Hospital, which was then esteemed, and probably justly, the best public establishment of the kind in Great Britain ; and he could not but attach considerable value to its long and extensive experience. Soon after entering upon his office, a very violent patient came under his care. His friend and adviser (Tuke) was from home, and he determined for once, upon his own responsibility, to act upon the prevalent notion. In size he was not ill qualified to do the duty of a keeper upon the old system, but his feelings and all the habits of his mind were opposed to harsh methods. After the experiment he was so uneasy with himself, that on retiring to bed he slept but little, and he resolved that, if the course he had adopted was not in this case beneficial, he would entirely abandon the system. On visiting the patient his opinion was that the experiment had failed, and that it had left a painful and vindictive feeling on the mind of the subject of it." It is added that henceforth Jepson fully carried out, step by step, the views of the founder and his friends.*

* "Review of the Early History of the Retreat," p. 14.

The earnestness with which the officers who were appointed entered into the undertaking—the way in which they helped to make possible the success so much desired by the founder—deserves our grateful appreciation, and should preserve them from being in the least degree thrown into the shade. To enter heartily into the ideas and schemes of other people may be as meritorious as to originate them, and is often much more irksome. It is neither necessary nor generous to exalt one class of workers at the expense of the other. No doubt the originator of the Retreat was one who also worked hard himself at what he had initiated; but he could not have eventually succeeded if he had not been able to attract to himself men who would devote their powers to the new work in the same spirit as he did. Such men were Jepson and Fowler, the latter of whom, the first visiting physician,* died five years after his appointment. Such also was Dr. Cappe, his successor, who was cut off in his prime deeply regretted—"a man equally esteemed for the gentle urbanity of his manner, the excellence of his understanding and dispositions, and his professional attainments." †

It is not always that the insane are able to appreciate the efforts made to render them comfortable. It is all the more gratifying when it does occur. A patient was admitted who had nearly lost the use of his limbs from being chained, and for some time it was necessary to

* The physician who gave his name to the well-known solution of arsenic. Author of a treatise on Arsenic, 1786, and one on Rheumatism in 1795. Jepson resigned in 1822, and died in 1836.

† "Description of the Retreat," by S. Tuke, p. 62.

lead him about like an infant. He was found to require no restraint, and was, after a while, able to walk without assistance. When one of his friends visited him and asked him what he called the place, he replied, with great earnestness, "Eden, Eden, Eden!"

A man was admitted who had been for twenty years chained and naked; with the exception of the occasional use of arm-straps, no personal restraint was employed from the moment of his admission. He was soon induced to wear clothes and adopt orderly habits.

One day a man of Herculean size was brought to the institution, and the case is thus described by the author of the "Description": "He had been afflicted several times before; and so constantly, during the present attack, had he been kept chained, that his clothes were contrived to be taken off and put on by means of strings, without removing his manacles. They were, however, taken off when he entered the Retreat, and he was ushered into the apartment where the superintendent and matron were supping. He was calm. His attention appeared to be arrested by his new situation. He was desired to join in the repast, during which he behaved with tolerable propriety. After it was concluded, the superintendent conducted him to his apartment, and told him the circumstances on which his treatment would depend; that it was his anxious wish to make every inhabitant in the house as comfortable as possible, and that he sincerely hoped the patient's conduct would render it unnecessary for him to have recourse to coercion. The maniac was sensible of the kindness of his treat-

ment. He promised to restrain himself, and he so completely succeeded, that, during his stay, no coercive means were ever employed towards him." When excited and vociferous, the superintendent went to his room and sat quietly beside him. After a period of increased irritation, the violent excitement subsided, and he would listen with attention to the persuasions and arguments of his friendly visitor. "Can it be doubted," asks Tuke, "that in this case the disease had been greatly exasperated by the mode of management, or that the subsequent kind treatment had a great tendency to promote his recovery?"

An architect, Mr. Stark, in visiting British asylums, when engaged in preparing plans for the Glasgow Asylum, came to the Retreat. He thus speaks in his "Remarks on the Construction and Management of Lunatic Asylums": "In some asylums which I have visited, chains are affixed to every table and to every bed-post; in others, they are not to be found within the walls. . . . At the Retreat they sometimes have patients brought to them frantic and in irons, whom they at once release, and by mild arguments and gentle arts reduce almost immediately to obedience and orderly behaviour. A great deal of delicacy appears in the attentions paid to the smaller feelings of the patients. The iron bars which guarded the windows have been avoided, and neat iron sashes, having all the appearance of wooden ones, have been substituted in their places; and when I visited them, the managers were occupied in contriving how to get rid of the bolts with which the patients are shut up

at night, on account of their harsh, ungrateful sound, and of their communicating to the asylum somewhat of the air and character of a prison. The effects of such attentions, both on the happiness of the patients and the discipline of the institution, are more important than may at first view be imagined. Attachment to the place and to the managers, and an air of comfort and of contentment, rarely exhibited within the precincts of such establishments, are consequences easily discovered in the general demeanour of the patients." "It is a government," Stark also observes, "of humanity and of consummate skill, and requires no aid from the arm of violence and the exertions of brutal force." * But Stark himself, strange to say, is careful not to commit himself to the total abolition of chains, adopted at the Retreat.

Two more brief testimonies from competent visitors who inspected the institution may be permitted—one from Dr. Duncan of Edinburgh, when on a tour of inspection of asylums in Britain; the other from a foreigner, Dr. Naudi, then the "President of the Maltese Hospitals." The former wrote, after visiting the Retreat, of the demonstration, "beyond contradiction, of the very great advantage resulting from a mode of treatment in cases of insanity much more mild than was before introduced into almost any lunatic asylum, either at home or abroad. In the management of this institution they have set an example which claims the imitation, and deserves the thanks, of every sect and every nation. For, without much hazard of contradiction from those

* Pages 11, 12.

acquainted with the subject, it may be asserted that the Retreat at York is at this moment the best-regulated establishment in Europe, either for the recovery of the insane, or for their comfort when they are in an incurable state." And Dr. Naudi, in broken but effective English, observed, "This house or Retreat for the troubled in mind, I think, is one of the best things I saw in England on the same subject; and having observed many others on the Continent, I dare to say it is the best in all the world. The situation of the building out of the town, a large garden around it, the propriety of the rooms, the cleanliness of the patients, the way in which they are kept, as for dressing, as for feeding them, is very remarkable to be observed."

The institution had not been very long in full operation before the success of the more enlightened treatment pursued in it was so patent, that the same pleasure and astonishment which the Swiss doctor experienced became general, and it was decided, in the hope of inducing others to follow a like course, to publish an account of the means which had been adopted in the treatment of the patients. This "Description of the Retreat," by S. Tuke, containing "An Account of its Origin and Progress, the Modes of Treatment, and a Statement of Cases," appeared in 1813.* Sydney Smith helped to bring

* The *British Review* (vol. vi. No. xii.), in reviewing this book, observed: "In 1813 Mr. Samuel Tuke published his 'Description of the Retreat,' the celebrated work, the title of which we have placed among others at the head of our article. . . . The Retreat has been conducted from the beginning upon the principle that the utmost practicable degree of gentleness, tenderness, and attention to the comforts and feelings of the

the book into notice by his favourable review of it in the *Edinburgh*. In it he says of the Retreat:—

"The great principle on which it appears to be conducted is that of kindness to the patients. It does not appear to them (the managers), because a man is

patients was in the first place due to them as human beings; and in the next place was infinitely the most promising means of effecting their recovery. The object of this work of Mr. Tuke was to describe the system of management which had been pursued in the Retreat; to make known the success which had attended it; and to point out more distinctly than had ever yet been done, the principle upon which that management was founded (the principle of gentleness, and of regard to the feelings of the patients) as the grand principle which ought to regulate the management of every establishment of the kind. The service which Mr. Tuke professed to render to the public by his book was assuredly of importance, and his book has performed it well. . . . In having pointed out this as the governing principle, he has rendered a service to humanity of the greatest importance. It is this characteristic circumstance which will render the publication of his book an era in the history of the treatment of this calamity. The book has already met with great and almost universal attention. It has by the nation been much more than approved; it has been applauded and admired."

The reviewer continues: "One thing we may venture to say, that it was hardly possible for a book to be written in a manner less calculated to give offence to anybody. . . . Yet this book gave prodigious offence. It has been regarded as a libel upon the York Asylum, and an attack upon it has appeared in the newspapers." This was a letter signed "Evigilator," who was in reality the superintendent of the above institution. This led to a long and heated correspondence. About the same time a charge of ill treatment of a patient in the York Asylum was made by a magistrate (Mr. Godfrey Higgins of Doncaster), whose persistent endeavours to bring this and other cases to the light of day were beyond praise, and happily proved successful at last.

The writer has in his possession a mass of private letters which passed between his father and Mr. Higgins on these cases, which indicate their combined endeavours, made (under the fiercest opposition) to reform the horrible abuses which had converted a well-intentioned charity into a hell upon earth. Mr. Higgins was the author of a book on Mahomet, the remarkable work on the Celtic Druids (1827), and of "Anacalypsis" (1836).

mad upon one particular subject, that he is to be considered in a state of complete mental degradation, or insensible to the feelings of kindness and gratitude. When a madman does not do what he is bid to do, the shortest method, to be sure, is to knock him down; and straps and chains are the species of prohibitions which are the least frequently disregarded. But the Society of Friends seems rather to consult the interest of the patient than the ease of his keeper, and to aim at the government of the insane by creating in them the kindest disposition towards those who have the command over them. Nor can anything be more wise, humane, or interesting than the strict attention to the feelings of their patients which seems to prevail in the institution. . . . To the effects of kindness in the Retreat are superadded those of constant employment. The female patients are employed as much as possible in sewing, knitting, and domestic affairs; and several of the convalescents assist the attendants. For the men are selected those species of bodily employment most agreeable to the patient, and most opposite to the illusions of his disease." He proceeds to say that in this instance, "an example has been set of courage, patience, and kindness which cannot be too highly commended or too widely diffused, and which, we are convinced, will gradually bring into repute a milder and better method of treating the insane." *

The author of the above work took an active part in the management of the Retreat for more than forty years, strenuously aided in exposing the abuses of the York

* April, 1814, pp. 190, 194, 198.

Asylum, and exerted no inconsiderable influence upon the movement on behalf of the insane, not only by the work referred to, but by his writings on the construction of asylums.*

I find an entry in his journal, made in April, 1811, that he had begun an Essay on the state of the insane poor for a periodical called the *Philanthropist.* His indignation had been aroused by witnessing the condition of pauper lunatics in a workhouse in the south of England. He was led into a small yard at a short distance from the principal building, in which were four cells. He found them large enough for one person. At the further end of each was a platform of wood attached to the wall, which was intended for the patient's bed. In two of the cells all the light and air which could be admitted passed through an iron grating in the door, so that the cold air could not be excluded without entirely darkening the apartment. In each of these cells a female was confined. "I cannot describe," he says, "my feelings and astonishment when I perceived that the poor women were absolutely without any clothes. The weather was intensely cold, and the evening previous to our visit, the thermometer had been sixteen degrees below freezing. One of these forlorn objects lay buried under a miserable cover of straw, without a blanket or even a

* (1) "Practical Hints on the Construction and Economy of Pauper Lunatic Asylums; including Instructions to the Architects who offered Plans for the Wakefield Asylum, and a Sketch of the most approved Design." York, 1815. (2) "On the Construction and Management of Hospitals for the Insane," by Dr. Jacobi, with Introduction by Samuel Tuke, 1841. Born 1784; died 1857. An Honorary Member of the Medico-Psychological Association.

horse-cloth to defend her from the cold." So of the others, one of whom had the leg chained to the platform at the end of the cell. Bitter complaints were made of cold. Flannel dresses were at once sent to the workhouse for these poor wretches, which they wore, and invoked many blessings on the giver, who denounced the conduct of the guardians and writes, "Surely, a mind, actuated by the virtuous sympathies of our nature, would not have joined with comfort the warm social circle, or repose his head on a soft pillow, whilst he knew that any one was enduring so many privations, and so much misery which was not only in his power but was his duty to relieve."

It should be stated that a Select Committee had been appointed (moved for by Mr. Wynn) five years before (1806), to inquire into the state of pauper lunatics in England. This Committee proposed the erection of asylums in different parts of the kingdom, power being given to the magistrates of any county to charge the expense upon the county rate, all pauper lunatics within the district being conveyed thither and maintained at the expense of their respective parishes, and it was recommended that no asylum should contain more than 300 patients. At that time there were 1765 lunatics in workhouses, or houses of industry, 483 in private custody, 113 in houses of correction, and 27 in gaols; total, 2248.* Sir George Paul, who took an active

* The incompleteness of this Parliamentary return was shown by the fact that, a few weeks afterwards, Sir Andrew Halliday found that in Norfolk there were 112 instead of 42.

interest in this Committee, stated, in a letter to the Secretary of State, that there was hardly a parish of any considerable extent in which there might not be found some unfortunate human creature, who, if his ill-treatment had made him "frenetic," was chained in the cellar or garret of a workhouse, fastened to the leg of a table, tied to a post in an outhouse, or perhaps shut up in an uninhabited ruin; or, if his lunacy were inoffensive, was left to ramble, half-naked and half-starved, through the streets and highways, teased by the rabble, and made the jest of the vulgar, ignorant, and unfeeling. "I have witnessed," he says, "instances of each of these modes of securing lunatics, under the Act 17 Geo. II., c. 5. Of all the lunatics in the kingdom, the one half are not under any kind of protection from ill-treatment, or placed in a situation to be relieved of their malady."

In the following year (1808) an Act (48 Geo. III., c. 96) was passed, providing that it should be lawful for justices in every county in England and Wales to take into consideration the propriety of providing a lunatic asylum for the reception of patients within the county. Referring to the Act 17 Geo. II. for the committal of vagrant lunatics, the new Act provided that in case there should be an asylum established for the county within which the lunatic belonged, then a warrant should be issued for the removal of such lunatic to the asylum, and not elsewhere; but if no asylum had been erected, then he was to be confined in any house duly licensed under the authority of the Act of 14 Geo. III. It will be seen that this legislation was not compulsory, and therefore

utterly failed in attaining the object of its promoters. It only authorized magistrates to act.

This Act was amended in some points of importance in 1811.* Overseers were obliged to produce a certificate of a medical man as to the state of the lunatic. Justices were to make returns to the quarter sessions of the cases brought before them, and medical superintendents returns of the state of persons intrusted to their care, at least once a year.

"The Description of the Retreat," then, of which Dr. Conolly writes in 1856, "For readers desirous to know the views which ought to prevail in all lunatic asylums, I could not even now refer to any work in which they are more perspicuously explained; in none are the details of management, economic, medical, and moral, to be found more convincingly set forth"—this work, happily, proved the means,† by the extraordinary interest it excited in the experiment, and the contrast it was but too well known to exhibit to the general condition of similar institutions, of arousing attention, first to the abuses of the old asylum at York, and then to others, until it was deemed desirable to appoint a Committee

* 51 Geo. III., c. 74; also in 1815, May 2 (55 Geo. III., c. 46), independently of the Report of the Select Committee. Overseers were to make returns of all lunatics and idiots within their parishes. These Acts do not touch "Private mad-houses"—only paupers.

† "What strenuous efforts fruitlessly combined to accomplish, a little volume has at once achieved. I hardly need name Mr. Samuel Tuke's account of the Retreat. Mr. Tuke's work, operating on a suspicious and irritable mind, produced the letters signed 'Evigilator;' the public attention became aroused, doubts and surmises were started. Either confident in right, or daring in wrong, a general challenge was given; that challenge was answered, with what results it is needless to add" (*vide* "Papers respecting the York Lunatic Asylum," by S. W. Nicoll, Esq., 1816).

of the House of Commons to investigate the subject thoroughly. To this we shall refer in more detail, but may here observe that the founder of the Retreat was one who gave evidence before it, and the members, says an eye-witness, were evidently interested in seeing the old man, then upwards of eighty, and hearing from his own lips some of the facts relating to the success of the experiment at York. He continued to devote himself to the interest of the institution, and died in 1822, thirty years after he had broached the idea of its establishment. It had, he said, some years before, succeeded far beyond his expectations, and he felt a wish to contribute such information as attentive observation had enabled him to make for the benefit of others. This he did in various ways, one being a Letter to the governors of the York Lunatic Asylum, in which he observes, "At the time of Lord Erskine's Chancellorship, I noticed with much satisfaction his remarks on the treatment of insane patients, especially in private mad-houses, which he found was so generally severe, that in case they were but a little deranged, it was sufficient to make them raving mad ; and he delivered it as his judgment that kind and conciliating treatment was the best means to promote recovery. The latter part of this opinion I have the satisfaction of asserting has been evidently proved correct in the management of the Retreat, where coercion, though sometimes necessary for feeding the patients and preserving them from injury to themselves or others, is administered in the most gentle manner, and the use of chains is never resorted to."

"In person," wrote a contemporary, "William Tuke hardly reached the middle size, but was erect, portly, and of a firm step. He had a noble forehead, an eagle eye, a commanding voice, and his mien was dignified and patriarchal."

He was ninety when he died, and it may be added that Willan made a happy hit when he said, on being consulted by him many years before, "There is a pulse which will beat till ninety."

> "Of no distemper, of no blast he died,
> But fell like autumn fruit that mellowed long:
> Even wondered at, because he dropt no sooner.
> Fate seemed to wind him up for fourscore years;
> Yet freshly ran he on ten winters more,
> Till like a clock worn out with eating time,
> The wheels of weary life at last stood still."
>
> DRYDEN, *Œdipus*, Act iii. sc. 1.

French physicians have done justice generously and ungrudgingly to the services rendered by the York reformers in the management of the insane. Parchappe, late Inspector-General of the "Service des Aliénés" in France, wrote: "La Retraite d'York, dont Samuel Tuke publia la description en 1813, fut considérée comme l'école où les aliénistes devaient s'instruire et comme le modèle auquel ils devaient se conformer. La création et l'organisation de cet établissement a eu la plus grande influence sur le développement des bonnes méthodes de traitement et sur le perfectionnement des asiles en Angleterre." *

* "Les Principes à suivre dans la Fondation et la Construction des Asiles d'Aliénés," Paris, 1853, p. 226.

Ferrus, physician to Napoleon I., visited the English asylums in 1826, in order to obtain some useful hints in the management of similar institutions in France, and commends, in a passage which I shall quote, the mild means of coercion resorted to at the Retreat. He speaks of it as the first asylum in England which arrested the attention of foreigners, and proceeds, "Mr. Tuke was a man for whom religion and morality were practical virtues, and in whose eyes neither riches nor poverty, imbecility nor genius, ought in the slightest degree to affect the bonds which unite all men together in common. He thought, with reason, that justice and force ought to be evinced, not by shouts and menaces, but by gentleness of character and calmness of mind, in order that the influence of these qualities might make themselves felt upon all, even when excited by anger, intoxication, and madness. The traditions of this friend of humanity are preserved in the house which he founded. Everything, even down to the patients, is silent and peaceful in this asylum, where some who are not members of the Society of Friends are also admitted. Those admitted, be their religion or social position what they may, whatever even their habits may have been, influenced by the tranquillity of the place and the force of example, find repose in this house, which much more resembles a convent of Trappists than a mad-house ; and if one's heart is saddened at the sight of this terrible malady, we experience emotions of pleasure in witnessing all that an ingenious benevolence has been able to devise to cure or alleviate it. . . . The reputation of this institution is the best established of

any in England. We are assured that the number of cures is considerable, and we willingly believe this, because the general management of the house is favourable to the treatment of insanity."

Thirty years afterwards, when I paid a visit to Ferrus in Paris, he recalled, with great animation, the impressions he at this period received at the York Retreat.

Nor have the Americans been less grudging in their encomiums. Dr. Ray, one of their most distinguished physicians devoted to the treatment of the insane, whom I have already quoted, after visiting our asylums many years ago, bore witness to the results of the reform "so thoroughly effected at the York Retreat," and speaks of the founder as clear-headed and warm-hearted, one "who, true to his faith, conceived the idea that the insane, as well as the sane, could best be managed in the spirit of peace and good will." And Dr. Pliny Earle observes, "It is now very fully demonstrated that the idea of the amelioration of the condition of the insane was original with Pinel and Tuke, and that for some time they were actively pursuing their object, each uninformed of the action of the other. It is no new thing for inventions, discoveries, and innovations upon traditionary practices to originate almost simultaneously in more than one place, showing that they are called for by the times; that they are developments of science and humanity, necessary evolutions of the human mind in its progress towards the unattainable perfect, rather than what may be termed a gigantic or monstrous production of one intellectual genius. Each perceived the

wretchedness, the misery, the sufferings of the insane around him; each was moved to compassion; each resolved to effect a reform in their treatment; each succeeded. The recognition of services to humanity is due to each. To each we freely accord it." *

Dr. Brown, the late physician of the Bloomingdale Asylum, New York, after visiting England in 1863, observes of the lunatic hospitals in England, "There is one possessing historical fame and interest, which yet retains its early popularity, as well as its excellent reputation among medical men. The York Retreat, founded by the Society of Friends at the close of the last century, and hallowed in the memory of every one who appreciates the spirit of beneficence which originated it and has ever since pervaded its halls, still pursues its sacred mission of removing and relieving mental diseases. Nowhere did I observe clearer evidence of intelligent and conscientious fulfilment of the humane purposes of all such institutions. The older sections of the building were being gradually replaced by new constructions, which conform interiorly to the present standard of advancement; and as for that personal devotion of the chief officers, on which the welfare of patients must mainly depend, it was sufficiently apparent that the genius and the earnestness of Tuke still abide among his successors." †

Returning now to what in the history of the rise and development of the modern treatment of the insane is

* *American Journal of Insanity*, April, 1856.
† *Ibid.*, October, 1863, p. 205.

of great importance, the guiding principles of the treatment pursued at the York Retreat, and its relation to what is understood as the non-restraint system, I would observe that the first principle of all was an active humanity—the highest form of it as embodied in the golden Christian rule. It has often been said that the members of the community by whose principles he was animated seem to think it necessary to act as well as to talk; to carry out their principles into actual practice, as if they were really intended to be applied to the ills of humanity. If some of his own friends discouraged Tuke's benevolent designs, it may have arisen from their not being convinced that a case had been made out for its exercise. An accident, as it were, brought the fact of the unsatisfactory condition of the asylums of his day forcibly before him. Accustomed to do as well as to talk about doing, when he knew the existence of an abuse, he set himself to work at once to prevent its recurrence so far as the area of his own influence could extend. Suspecting unkind treatment, he strove to have it replaced by kindness; convinced that abuses and cruelty ever tend to spring up when public surveillance is refused, he resolved to do away with all secresy in the management of the proposed institution. Further, he "had a strong faith in the dictates of an enlightened conscience and in the perfect wisdom and love which direct every law of human duty." *

This principle not only accounts for the successful commencement of the undertaking, but helps to explain

* "Review of the Early History of the Retreat," by S. Tuke, 1846.

the individual treatment of the insane; for the patients were treated as human beings suffering under a terrible affliction, toward whom it was a duty to extend consolation, compassion, and kindness. This course necessarily led to the demonstration that when so treated they were calmer and required comparatively little restraint. The fact happily bore out the theory.

But a humane man may in the exercise of his humanity be injudicious, and by so doing inflict much actual suffering. The surgeon who to avoid inflicting pain should shrink from the complete removal of a malignant tumour, would fail to relieve the patient as he ought to have done. Therefore something more than humane feeling is required. Judgment must be exercised. Now, judgment and that common sense, or mother wit, which is so much better than mere routine practice, evidently characterized the early treatment of the Retreat. As benevolent feeling naturally led to the non-use of chains and the minimum resort to restraint which then seemed possible, so common sense led to the avoidance of the periodical bloodletting and emetics then in fashion. It is a remarkable fact that even then it was seen that insanity rarely calls for depressing remedies, and the observation was made and acted upon that excitement is often relieved by a directly opposite treatment. They allowed a liberal nourishing diet* in cases

* Referring to the practice at the Retreat as given in the "Description," the editor of the *Medical Repository*, 1817, after observing, "We are told that in violent maniacal paroxysms, depletion having failed to procure quiescence, a full meal of meat and good porter for supper produced the desired effect, and that this mode has since been very frequently and success-

of violent mania; a free supply of meat, or bread and cheese, and porter, was found of the greatest service at supper in procuring sleep and reducing excitement. They had no faith in specifics and nostrums in the cure of insanity, but medical treatment was by no means despised, while a warm bath was found to be "of greater importance and efficacy, in most cases of melancholia, than all the other medical means which have been employed." *

With this, one cannot but contrast the old system, which was emphatically empirical and unscientific. It was continued without change from year to year, and it may truly be said that idleness and selfishness, still more than ignorance, constituted the vices of the old system. Those who treated the insane always encountered opposition by brute force, instead of by energy and patience, which surmount difficulties that to idleness are impassable mountains, and which selfishness would not, if it could, overcome. Again, from the commencement of the Retreat, the idea was entertained of making the institution a home; and with this view the arrangement and surroundings were made as cheerful and homelike as possible.

Another strong point was the employment of the patients; its vital importance was forcibly felt from the first. Dr. Delarive, who inspected the Retreat in 1798, particularly comments upon this novel feature of a mad-house. He found that an experiment recently

fully employed," adds that if this be true, the general system of well-known physicians, that of pursuing depletion through "paroxysm and remission," cannot be right.

* Tuke's "Description," p. 113.

made, that of inducing the patients to cultivate the land, giving to each a task proportionate to his strength, had answered well. It was found that they were fond of this exercise, and that they were much better after a day spent in this work than when they had remained in the house, or when they had taken an ordinary walk. Delarive went to see them at work, a sight so common now in our asylums that it seems strange it should have excited his surprise.

Of employment the author of the "Description" thus speaks: "The female patients in the Retreat are employed as much as possible in sewing, knitting, or domestic affairs; and several of the convalescents assist the attendants. Of all the modes by which the patients may be *induced to restrain themselves, regular employment is perhaps the most generally efficacious;* and those kinds of employment are doubtless to be preferred, both on a moral and a physical account, which are accompanied by considerable bodily action, that are most agreeable to the patient, and which are most opposite to the illusions of his disease." *

We find it insisted upon by those who had the management of the Retreat that moral treatment is of the greatest importance; that gentleness must take the place of violence;† that it is erroneous to suppose it

* Page 156.

† "If it be true that oppression makes a *wise* man mad, is it to be supposed that stripes and insults and injuries, for which the receiver knows no cause, are calculated to make a *mad* man wise? or would they not exasperate his disease and excite his resentment" ("Description of the Retreat," 1813, p. 144).

necessary to commence an acquaintance with lunatics by an exhibition of physical strength; that every effort should be made to divert the mind of melancholiacs by bodily exercise, walks, conversation, reading, and other recreations; that the desire of esteem is a more powerful principle to appeal to than fear; that the best form of restraint is self-restraint; that patients should be treated as much as possible as rational beings, but that little or no advantage arises from reasoning with them on their particular delusions; that it is desirable to encourage the influence of healthy religious principle over the mind of the insane; that those who manage them should sedulously endeavour to gain their confidence and esteem, to arrest their attention and fix it on objects opposed to their delusions, to call into action every remaining power and principle of the mind, and to remember that in the wreck of the intellect the affections not unfrequently survive.

This recapitulation of the salient features of the practice of the Retreat renders it easy to understand the position taken by the managers of the institution in regard to mechanical restraints. When kindness failed to subdue maniacal excitement, when medical remedies exerted no calming influence, mild forms of restraint were reluctantly adopted, rather than maintain a conflict between patient and attendant. It appears from the Retreat archives that not more than five per cent., reckoning the night as well as the day, were restrained by strap or waistcoat.* It is notorious that, at the same

* Including cases in seclusion.

period, it was the custom in some asylums, probably many, to chain to the bedstocks, at night, every patient in the house. Ferrus, to whom I have referred, did not find camisoles in use at St. Luke's in 1826, but "strong chains were employed to hold the excited patients. These chains, fixed at different heights to the sides of stoves (*chauffoirs*), have iron rings at the end, by means of which the arms or the legs of the patient are rendered completely immovable. . . . Far from fearing that a painful impression will be produced on the patients by chains, they think, on the contrary, that this apparatus exerts a beneficial influence upon them; that it intimidates, humbles them, and removes all desire to attempt to get rid of their fastenings." Ferrus says that at the Retreat he found a belt was employed, softly padded, to which the arms were attached. "We do not employ it in France," he says, "although it might in hot weather be preferable to the camisole. . . . The Retreat offers all the resources of art and the comforts of life (*douceurs de la vie*) compatible with the condition of insane persons."

Coercion was regarded at the Retreat as an evil—that is to say, it was "thought abstractedly to have a tendency to retard the cure, by opposing the influence of the moral remedies employed"—but at the same time "a necessary evil," an unhappy alternative in certain cases. Practically, as we have seen, the amount of restraint was small; but no *rule* of practice was laid down that it should never be resorted to. The abstract principle of non-restraint adopted at Lincoln and Hanwell was not

enunciated. "We greatly prefer," observes the author of the "Description," "to lay down no absolute rule of non-restraint, but to refer to our resident officers the exercise of a sound discretion in each individual case." But the managers of the Retreat did undoubtedly lay down as a fundamental principle that "*coercion will diminish or increase as the moral treatment of the patient is more or less judicious;*"* and therefore, although they did not anticipate that personal restraint would be superseded by any other mode of treatment, this principle is broad enough to embrace all that has since followed in the way of non-restraint. The result, in the long run, of honestly carrying out the doctrine to its legitimate consequences, will not very widely differ from that reached by those who adopt "non-restraint" as an abstract theory in the first instance.

Justice would scarcely be done to those who interested themselves in mental diseases during the latter half of the eighteenth and the commencement of the nineteenth century, if we did not give the titles of some of the works bearing on insanity which issued from the press during this period. A treatise on Madness was written in 1757 by Batty. Perfect wrote "Methods of Cure in some Particular Cases of Insanity" in 1778, and "Select Cases of Insanity" in 1787, and "Annals of Insanity" fourteen years later. Perfect's treatment of insanity mainly consisted in bleeding, setons, electricity, and the administration of emetics, digitalis, and antimony. Dr. T. Arnold published his "Observations on the Nature,

* "Description of the Retreat," S. Tuke.

etc., of Insanity," 1782. Harper published "A Treatise on the Real Cause and Cure of Insanity" in 1789—a work ridiculed by Pinel. Faulkner wrote his "Observations on the General and Improper Treatment of Insanity" in 1790; and Pargeter his "Observations on Maniacal Disorders" in 1792. What, if any, beneficial effect these works produced upon the condition of the insane in the British Isles, I am unable to say. Haslam wrote his "Observations on Madness" in 1798, and he was the author of several other works; but, whatever their value and interest, we know but too well the condition of the patients in the asylum of which he was the apothecary. Crichton published his "Inquiry into the Nature and Origin of Mental Derangement"—a work, certainly, of merit and the result of practical observation. In 1802 appeared "De intellectûs facultatum conditione in mentis Alienationis diversis generibus," by Campbell (Edinburgh). Cox published his "Practical Observations on Insanity" in 1804. (See Appendix B.)

Of Pinel, in relation to England, I must here say a few words.

The *Edinburgh Review* of April, 1803, contains a review of Pinel's work, which deserves attention from the tone in which it is, for the most part, written. The Reviewer evidently thinks that England had very little to learn from France. The York Retreat had, indeed, been in active operation for some years, and the treatment pursued there might, no doubt, have borne comparison with that at the Bicêtre, but to speak of Great

Britain as a whole having a decided superiority over other countries in its moral treatment of maniacs was rather absurd. The Reviewer regards Pinel as the first author on the Continent who is fully sensible of the advantage of such moral treatment, and then observes, "To medical readers in this country many of our author's remarks will appear neither new nor profound, and to none will his work appear complete. . . . It may be considered as a sketch of what has already been done, with some notices of what the author intends to do; though he seems frequently to wonder, with a smile of self-approbation, at what he thinks his own discoveries." And again: "Dr. Pinel is desirous that France should have some claim to a judicious treatment of the disease of the mind, the honour of which has hitherto been exclusively confined to England."

It is curious to find the Reviewer observing that Dr. Pinel appears to display very little sagacity and precision in saying that in some cases the brain is not affected. And again: "He conceives that the result of the examination of the periods of life most subject to insanity is alone sufficient to show how seldom it is owing to any organic affection of the brain or the cranium. But in this opinion there is some inconsistency. For he soon after states that in thirty-six dissections he found nothing more remarkable than in the brain of apoplectic and epileptic patients, or of persons who died from furor or convulsions. Now, this is a confession that some deviations from the natural and healthy appearances were observed; and this is all

that is contended for, and all that the present limited state of our knowledge authorizes us to affirm." The Reviewer adds, no doubt with truth, "If no organic affections are said to have been discovered, in some few instances, we should not reason negatively from such dissections, perhaps cursorily and ignorantly made, and with instruments ill adapted to detect minute and apparently trivial deviations from the natural structure."

The following snarl is also noticeable:—"He informs us that he has studied with considerable attention the writings of Locke, Harris, Condillac, Smith, and Stewart; but the quotation of great names is not always the surest proof of an accurate acquaintance with their works, and we are inclined to think that there is some ground for doubt in the present instance."

The Reviewer is severe on Pinel's classification, which in the main has stood the test of all subsequent criticism to a remarkable degree. "It may," he says, "be entitled to the praise of ingenuity, but we doubt whether it is remarkable for its clearness and accuracy. Many of the distinctions seem absurd, and others not well founded. The several kinds of insanity are not distinct; they are only varieties of the same affection. All the symptoms mentioned under these five heads occur in the same patient. At different times he passes through all the gradations from furious phrenzy to complete fatuity." This criticism has, of course, great force as opposed to all symptomological classifications whatever, but not specially or mainly to Pinel's.

On the point whether madness can in certain cases be

cured, Pinel's utterances are dismissed with downright contempt: "Instead of any new light being thrown upon this important question, or any new rules of conduct pointed out, our author gives a minute detail of two cases, where any ancient female of ordinary capacity could have decided as well as himself, and relates with laboured minuteness the contrary opinions of some eminent physicians on a late memorable occasion in this country." Pinel an old woman! It will probably be new to most, if not all, of our readers that this illustrious man was regarded in this light by the leading Review of our country, when his writings first became known amongst us. The review ends, after crediting Pinel with some merit, and commending his work as containing some profitable instruction, with the exceedingly kind and patronizing observation that "we are therefore inclined to make *an indulgent allowance* (!) for the imperfect execution of many parts of Dr. Pinel's essay, and to entertain hopes of further information from his diligence and discernment" (! !).

Insular conceit could surely scarcely go further. However, the Edinburgh Reviewer is forgotten and his name unknown; Pinel's name covered with glory, although not a popular hero; for when I made a pilgrimage to his grave in the great Paris cemetery, *Père la Chaise*, in 1878, I was a solitary visitor, while crowds flocked to others, including that of Thiers, which is in close proximity to it. I am glad to see it announced that the *Société Médico-psychologique* of Paris is about to erect—not too soon—a statue to his memory.

The bold proceeding, as it seemed in those days, of freeing the lunatics at the Bicêtre from their fetters, constitutes Pinel's title to honour—an honour of which no man will succeed in robbing him. He will be remembered when Dequin * is forgotten. Pinel, although his writings would have made him eminent as a physician had he never rendered his name illustrious in reference to the insane, did not, as a study of his life abundantly proves, liberate the patients at the Bicêtre from their chains in direct consequence of his medical knowledge of insanity, but mainly, if not entirely, from the compassion which he felt for their miserable condition. His knowledge, great before, was vastly increased after he had placed the patients in a more favourable state for medical observation; in fact, it is obvious that the opportunities of scientific research, and specially of observing the satisfactory progress of those labouring under the disease, were greatly augmented from the moment he introduced a humane system of treatment.

Had my sketch comprised France as well as England, I should have attempted to give a description of the work he performed in Paris. But I must not be tempted to go beyond my subject, and as a matter of fact the course of French and English reform in the treatment of the insane was entirely distinct and independent.†

* A Savoy physician who dedicated the second edition of his "La Philosophie de la Folie," published in 1804, to Pinel. M. Brierre de Boismont thinks the latter guilty of "the conspiracy of silence" in not mentioning him in his work, but I do not think the conspiracy is proved.

† See Appendix C.

CHAPTER IV.

COURSE OF LUNACY LEGISLATION.

I NOW resume the thread of my history at the time of the exposure of the abuses at the old York Asylum.

We have already intimated that the treatment adopted at the Retreat, and made known to the public by various writers and by many visitors, but more especially by the "Description," exerted a remarkable influence on the subsequent inquiry and legislation. The success of the Retreat excited the jealousy and antipathy of the superintendent of the York Asylum; the discussion which ensued led to investigation; the revelations which followed excited public opinion; the representatives of the people undertook an inquiry by means of a Select Committee, which finally necessitated legislation, and this legislation by successive enactments wrought the wondrous and beneficial change which we now witness. This sequence of events will be found to be borne out by facts, by any one who will investigate the literature of lunacy from 1792 to the present time. Sydney Smith says, writing in 1817,* that "the new

* *Edinburgh Review*, vol. xxviii. p. 433.

Establishment began the great revolution upon this subject, which we trust the provisions of Parliament will complete. . . . In the course of a few years the Institution had done so much by gentle methods, that a modest and well-written volume, giving an account of it, excited universal interest, and, in fact, achieved what all the talents and public spirit of Mason and his friends had failed to accomplish. It had still better effects. A very inoffensive passage in this book roused, it seems, the animosity of the physician to the York Lunatic Asylum, and a letter which this gentleman published in one of the York newspapers, became the origin of a controversy among the governors of that establishment, which terminated in August, 1814, after a struggle of nearly two years, in the complete overthrow of the old system, and the dismission of every officer of the asylum, except the physician himself. The period is not remote when lunatics were regarded as beings unsusceptible of mental enjoyment or of bodily pain, and accordingly consigned without remorse, to prisons under the name of mad-houses—in the contrivance of which nothing seems to have been considered, but how to enclose the victim of insanity in a cell, and to cover his misery from the light of day. But the success of the Retreat demonstrated, by experiment, that all the apparatus of gloom and confinement was injurious; and the necessity for improvement becoming daily more apparent, a 'Bill for the Better Regulation of Mad-houses' was brought into Parliament by Mr. Rose in 1813, but was nevertheless opposed and finally withdrawn; and another Bill, in

1814,* though it passed the Commons, was rejected by the House of Lords. The public, in fact, was not yet aware of the atrocious evils which these Bills were intended to remove; and it was not until now that the course was adopted, which, in every case of public grievance, is the only sure one for obtaining redress. A Committee of the House of Commons, appointed for the purpose of inquiry in 1814, and revived in the following year, was fortunately composed of men determined to do the business they had undertaken." †

Mr. Rose, on the 28th of April, 1815, again introduced the subject of private mad-houses to Parliament, and, dwelling on the great abuses connected with them, pointed out the necessity of their condition being examined into by the House. He said that among the cases which had recently come to his knowledge was that of a young woman who, although requiring some restraint, was perfectly harmless. She was found chained to the ground by both legs and arms, a degree of cruelty which was in no respect justified. With a view of cor-

* The "Private Mad-house Bill" of 1814 was introduced, April 5th, "to repeal and render more effectual the provisions of the Act of the 14th of the King." Mr. Rose said there were actually cases in which it was found that the medical certificate was signed by the keeper of the house. His Bill provided for the periodical visitation of private mad-houses by magistrates. The Bill passed the Commons July 11, 1814. Its author stated that it had been introduced the year before and amply considered by a Committee of the House, who were unanimous for its adoption, but I find no reference whatever in Hansard in 1813 to any Bill or Committee (see Hansard, vol. xxvii.).

† The chief members of the Committee were Lord R. Seymour, Lord Binning, the Right Hon. G. Rose, the Hon. H. G. Bennet, Mr. Western, Mr. W. Smith, and the Hon. W. H. Lyttleton.

recting such practices, he moved "that a Committee be appointed to consider of provision being made for the better regulation of mad-houses in England, and to report the same, with their observations thereupon, to the House."* The motion was agreed to.

The York Lunatic Asylum stood first upon the evidence before the Select Committee. "It appears from the history of that institution, which was published at the close of the controversy above alluded to, that the victory of the reformers was not obtained without strong opposition; for, at the very moment when the state of things that we shall presently detail was flourishing in full enormity, their opponents were enabled to carry a resolution of the governors, declaring that a lunatic, who appears to have sustained gross injury, 'had been treated with all possible care, attention, and humanity,' and censuring the parties who brought forward the complaint. . . . On a subsequent day thirteen spirited men (including Mr. Higgins and Mr. Tuke) determined to *enforce* investigation; and, having qualified themselves as governors by paying the requisite donation of £20 each, succeeded in obtaining the appointment of a Committee to inquire into the complaints that had been exhibited; which, after meeting for several successive days, and examining witnesses, concluded by adopting Resolutions of censure upon the proceedings proved before them."†

One day Mr. Higgins went to the asylum. After

* Hansard, vol. xxx. p. 954.

† *Edinburgh Review*, vol. xxviii. p. 435.

having seen all the patients' rooms, he went with the steward to the kitchen. There he was struck with "the retired appearance" of a door. He ordered a keeper to unlock it. He perceived fear and hesitation. He repeated his order in stronger language. The key not being readily forthcoming, Mr. Higgins grew warm, and declared he would soon find a key that would open it at the kitchen fireside. It was then opened. He went in, and discovered a row of cells, four in number, which had been concealed from the committee of investigation. On entering the first cell, he found it in a state dreadful beyond description. The cell was about eight feet and a half square, perfectly dark when the door was shut, and the stench almost intolerable. He was told these cells were occupied at night by thirteen women, who were then upstairs; where he found them in a room twelve feet long by seven feet ten inches wide, with a window, which not opening would not admit of ventilation. Sydney Smith well says, after citing more horrible details than I have given, that he is aware of the disgust which they will cause, but that he cannot spare his readers, and asks of the most delicate of them whether it is more shocking that these things should exist unknown, and consequently unredressed, than that they should be told and punished, and *remembered for ever, as the only means of preventing their recurrence.*

To enter into much detail is impossible. It must suffice to say that case after case of gross neglect and cruelty was brought to light; that while 365 patients had died, only 221 had been reported; that a patient

having been killed, his body was hurried away to prevent an inquest; that when the accounts were examined, it was discovered that two sets of books of receipts were kept, one of which was only presented to the governors, and that the difference between the sums contained in the two, amounting to some hundreds a year, found its way into the pocket of the superintendent; and lastly we must record that one wing of the asylum was burned, involving the deaths of patients and the destruction of much that it was with good reason believed the authorities wished to conceal.

Of the revelations made by the Committee of the House of Commons in regard to Bethlem Hospital, we shall only briefly speak. We have already sketched the history of this institution. For the most part it is to the *second* Bethlem—that in Moorfields—the minutes of evidence refer. During the seven years prior to the investigation, the number of patients averaged 238; the annual expenditure, £12,000. Mr. Haslam, the resident apothecary, ruled supreme. He was responsible for the dreadful condition in which the notorious Norris was discovered. "There is," says Sydney Smith, "much evasive testimony, to shift from himself the burden of this atrocious case; but his efforts tend rather to confirm than to shake the conviction which the evidence produces. . . . The conduct of Haslam with respect to several other patients was of a corresponding description; and in the case of a gentleman whose death was evidently accelerated by the severities he underwent, and of several other persons, there is abundant proof of

cruelty. . . . It is in proof that a patient actually died, through mere neglect, from the bursting of the intestines, overloaded for want of aperient medicine, and it is expressly stated by Haslam himself that a person whom he asserts to have been '*generally insane and mostly drunk*,' whose condition, in short, was such 'that his hand was not obedient to his will,' was nevertheless retained in the office of Surgeon, and continued to attend the patients for a period of *ten years*—a statement so atrocious that, from any other quarter, we should have rejected it as utterly incredible." *

The governors easily convinced themselves that no foundation whatever existed for the charge of cruelty and bad management; that every degree of permissible indulgence had been observed; that the hospital was equal, if not superior, to any other asylum in England; that the mode of confining the unhappy Norris appeared "to have been, upon the whole, rather a merciful and humane, than a rigorous and severe imposition;" in short, that "the general management of Bethlem, as affecting the health, the cleanliness, and the comfort of the patients, was of a nature *creditable to the governors and others concerned in its administration.*" What a picture of the standard of excellence held by the managers of asylums at that period, not in Bethlem alone, but generally!

To the question, "Has there not been a rule in the hospital, for a certain number of years, that, in certain

* *Op. cit.*, p. 441. "Even after the publication of the evidence, it was not until the enormity of retaining the offending parties had been expressly condemned in Parliament that Mr. Haslam, the apothecary, was dismissed" (p. 443).

months of the year, particular classes of the patients should be physicked, bled, bathed, and vomited, at given periods?" the reply from Bethlem was in the affirmative. Twice in the year the patients, with few exceptions, were bled. "After they have been bled," said the physician, in evidence, "they take vomits once a week for a certain number of weeks; after that, we purge the patients. That has been the practice, invariably, for years—long before my time."

In regard to the means of coercion employed, it was stated that the patients "are generally chained to the wall with manacles." When inquiry was made regarding the use of strait waistcoats, it was replied, "I do not believe there are any strait waistcoats in Bethlem now, or very few indeed; they generally use irons." The objection to strait waistcoats was, that the patients "could not help themselves in strait waistcoats; they are so excessively long in the hospital without being seen by anybody, in a dark place; in winter, from four o'clock to six or seven in the morning. If they were in a strait waistcoat they could not assist themselves the least in the world." When, in the following year, the head-keeper of Bethlem Hospital was asked, "Was it not the practice in old Bethlem—not in the late gallery, but in the gallery pulled down—for eight, ten, or more patients to be fastened to the tables, almost in a state of perfect nakedness?" he replied, "Yes; they used to think they tore their clothes all to pieces; some of them would do that." "In point of fact, were they not fastened to the tables, sitting in a state of perfect

nudity?" Answer: "They used to be so at the table; they were chained all round." In regard to the apparatus, so ingeniously cruel, by which one of the patients (Norris) was chained ten or twelve years, Haslam, the apothecary at Bethlem, when asked, "Do you think that his confinement in that manner during the whole of that period was necessary?" replied, "Decidedly."

The matron of Bethlem Hospital (who was elected January, 1815) gave evidence that, when she was appointed, there were about twenty patients under personal restraint, out of between fifty and sixty patients. "The custom when I first went was only to get them up three days of the week—never on meat days; they lie in bed four days in the week." She also stated that one of the female patients had been chained for eight years, but had not required restraint since she had been there.

Bethlem, however, was far from being the only place where patients were treated like wild beasts. Mrs. Mary Humieres, formerly housekeeper in a private asylum at Bethnal Green, gave evidence to an attendant "kicking the patients and thumping them sadly," and "beating one in his shirt with a pair of boots, in a most dreadful manner." She named a female patient who, when in a state of irritation, "was confined in a place in the yard which was originally a pig-sty; it was run up high on purpose for her. I have seen her confined there for three weeks together. She has been ironed there in the crib with wrist-locks, and leg-locks, and a chain two or three times across her body." An iron bar was placed between her legs when she walked about, to prevent her escaping.

"It was confined to each ankle, with a chain coming up between her legs, which was attached to her handcuffs." But, in addition to this frightful restraint, we are informed that an attendant, at the instance of the proprietor, would, "at sundry times," lock her down in her crib with wrist-locks and leg-locks, and horsewhip her. "I have seen the blood follow the strokes." Yet this patient is described as very harmless; "you might sit and talk to her when she was in the highest state."

The Committee found that at a private asylum—Fonthill, Wilts—there was in that year, out of fourteen patients, only one without fetters or handcuffs, and only three out of their sleeping-rooms.*

At the Bethnal Green Asylum "several of the pauper women were chained to their bedsteads, naked, and only covered with a hempen rug," and "the accommodation for paupers was infamously bad, and required immediate reform;" while in January of the same year it is reported that "some pauper men were chained upon their straw beds with only a rug to cover them, and not in any way defended from the external cold." †

Dr. John Weir was asked, at the Committee of 1815,

* Minutes, Select Committee of the House of Commons, 1815, pp. 43 and 44. See also Mr. J. B. Sharpe's edition of this Report, each subject arranged under its distinct head, 8vo, pp. 411. London.

† *Ibid.*, pp. 167, 168. In the Minutes of the Committee of 1816, it is stated that in the same asylum the inmates were subjected to brutal cruelties from the attendants; that they suffered very much from cold, and were infested with vermin (p. 2, *et seq.*).

It may be added, as showing the slowness of reform, that even when, in 1828, two medical superintendents were appointed at Bethnal Green, no less than seventy, out of four hundred patients, were in irons; there was no bath, no book or newspaper, and little or no employment.

to what he attributed the difference of opinion among even enlightened men as to the management of the insane. He replied that it was chiefly due to the want of practical observation, as it is only by comparison that we are enabled to appreciate the superiority of one institution over another. He added that, until within the last eighteen years, the primary object of almost every insane institution, whether of a public or private description, had been merely the security of these pitiable objects; comfort, medical and moral treatment, had been in a great measure overlooked. "Happily, however, for that class of society, the Retreat at York had at last convinced the world how much may be done towards the amelioration of their condition." *

On the 11th of July, 1815, Mr. Rose brought up the Report of this Committee. On moving that it be printed, he said that all who read the Report must feel satisfied of the indispensable necessity of legislative interference. The way in which lunatics were usually confined was that of criminals, and their treatment was in general worse than the ordinary treatment in jails. The number of persons appointed to take care of them was in most cases utterly insufficient, in consequence of which the greatest severity was too frequently resorted to.

The conclusions arrived at in this celebrated Report may be thus summarized: That keepers of houses for the insane received a much greater number of persons than they were calculated for, thus greatly retarding their recovery; that the number of attendants being insufficient,

* Minutes of Evidence, Select Committee on Mad-houses, 1815, p. 43.

there was unavoidably a larger amount of restraint than would otherwise be necessary; that outrageous patients were mixed with the quiet and inoffensive; that there was an absence of medical attention to the malady for which the patients were confined; that the certificates on which patients were received into asylums were insufficient, and that the visitation of private mad-houses was defective.

The Report concluded that "some new provision of law is indispensably necessary for ensuring better care being taken of insane persons, both in England and Ireland, than they have hitherto experienced; the number of whom appear to be very considerable, as the inquiries of the Committee have convinced them that there are not in the country a set of beings more immediately requiring the protection of the legislature than the persons in this state, a very large proportion of whom are entirely neglected by their relatives and friends. If the treatment of those in the middling or in the lower classes of life shut up in hospitals, private mad-houses, or parish workhouses, is looked at, your Committee are persuaded that a case cannot be found where the necessity for a remedy is more urgent."

The evidence taken before the Committee of 1815 was so full and convincing that it would have seemed wholly unnecessary to have required a further disclosure of the abuses rampant in the asylums of England, but in consequence of the demand for further investigation before the House of Commons committed itself to legislation, a mass of further particulars was obtained in

1816 in regard to the state of various institutions, including Bethlem Hospital and the York Asylum.

In February Mr. Rose had said in the House that, as chairman of the Committee for inquiry into the conduct of mad-houses, he was instructed to move for leave to bring in a Bill for the better regulation of such establishments. But some gentlemen of the Committee being desirous that further investigation should take place, he had acceded to their wish, although the majority concurred with him in thinking that sufficient evidence had already been adduced to justify the proposal of a Bill. Therefore, he should propose, instead of a Bill, that a Committee be appointed to consider of provision being made for the better regulation of mad-houses in England, and report the same, with their observations thereupon, to the House.

On May 28th Mr. Rose brought up the Report of the Committee, and obtained leave to bring in a Bill pursuant thereto. This Bill was for the repeal of the 14th and 55th of the King. He said * the Committee had, after the most patient investigation, adopted the provisions of the present Bill, which principally were, that instead of the physicians of the neighbourhood, or those in or near the metropolis, together with a neighbouring magistrate, being the inspectors of such establishments, they should be twice a year examined, etc., by eight Commissioners appointed by the Secretary of State for the Home Department throughout the kingdom; the Commissioners to be assisted by two of the local magistrates in

* Hansard, vol. xxxi. p. 1146.

each district, and with equal powers. There was also a provision in the Bill relative to the erection of lunatic asylums in counties, and the ordering the reception therein of pauper lunatics allowed at present to range abroad, to their own and the public injury.

On the 17th of June, Mr. Rose moved that the clauses of this Bill be taken into further consideration. Lord R. Seymour observed that when Parliament in 1774 passed the "Bill for the Regulation of Licensed Madhouses," it must have meant to do three things: (1) To secure all persons against unnecessary confinement; (2) to better the chance of recovery of all such persons confined as being insane, as well by moral treatment as by the use of medicine; and (3) to insure the restoration of all who might become again of sound mind to society. But the Mad-house Act, he said, does none of these three things, for it does not empower the Commissioners to discharge a patient, however sound in mind; nor does it furnish them with the means of enforcing the observance of any improvement they may recommend. The Commissioners, indeed, may withdraw the licence, but the keeper of such a house must again have it on the next licensing day, if he wishes, upon giving the necessary security. It was not surprising, therefore, that the greatest abuses should have been found to prevail.

Mr. Wynn expressed a wish that magistrates should be empowered to examine houses where only one patient was confined.*

* Hansard, vol. xxxiv.

This Bill passed the House, but was rejected by the House of Lords.

Thus all the mass of valuable and decisive evidence which had been collected with so much labour, and had occupied the time and thought of two Committees of the House of Commons, was, for the time, thrown away, and the misery of the inmates of asylums allowed to go unrelieved. The facts, however, had been made widely known. The inertia, torpor, and indifference to human suffering—in short, the crime which characterized the majorities who threw out the Bills calculated to remove the abuses in asylums, had at last to give way to the popular demand. What was gained by prolonging the dismal condition of these abodes of woe for some years longer, I leave others to discover.

After the lapse of three years, namely, on the 10th of March, 1819, Mr. Wynn * rose to move for leave to bring in a "Bill for the Regulation of Mad-houses," and observed that, as this subject had been already several times before the House, he did not feel it necessary to trespass long upon its attention. It would be remembered, he said, that some years ago the Report of a Committee had been laid before the House, detailing such scenes of misery and wretchedness in mad-houses, as had perhaps never been paralleled, and after such an exposure it was the obvious duty of the House to follow up the Report by the adoption of some legislative measure calculated to put an end to the evils complained of. There was,

* Mr. Rose had recently died (1818). Though not immediately successful, his labours deserve our cordial recognition.

however, no fault to be found with the conduct of that House; for it had done its duty by repeatedly sending up a Bill to the other House, which it had thought proper to reject. Although no mad-houses could be legally opened without a licence, the College of Physicians was not in possession of funds to prosecute. He therefore proposed that a general Board of Inspection for mad-houses should be appointed, and that the members of that Board should be at liberty to visit such houses throughout the country, at different and uncertain times, so as to ascertain the manner in which they were conducted, and to report any existing evil to the Board, which should be invested with power to enforce their correction. Mr. Wynn moved for leave to bring in a Bill for repealing the Act of the 14th and 55th of the King with respect to mad-houses, and for making other provisions for their better regulation.*

Leave was given to bring in the Bill.

In June of the same year the Marquis of Lansdowne, speaking on the Bill in the House of Lords, said that nothing could more forcibly appeal to the humanity of their lordships than the state of the unfortunate insane, and the legislative means of preventing abuses of the most flagrant and revolting nature, which had long been too clearly proved. Strange to say, however, the Lord Chancellor (Lord Eldon) opposed the Bill, observing that there could not be a more false humanity than an over-humanity with regard to persons afflicted with insanity. (Is not an under-humanity nearly as false?)

* Hansard, vol. xxxix. p. 974.

He admitted there were great abuses, but the better way to remedy them would be to take a cool and dispassionate view of the subject in a Committee, next session. As if there had not been Committees enough! With regard to pauper lunatics, the Lord Chancellor went so far as not only to admit there were great abuses, but to agree to a short Bill, if desired, embodying the clauses relating to them in the measure before the House.

The Bill was thrown out, only fourteen doing themselves the credit of voting in its favour, while thirty-five voted against it. Majority against the Bill, twenty-one.

An "Act for making Provision for the Better Care of Pauper Lunatics in England"* was, however, passed (July 12, 1819), but it consisted of three sections only, and does not appear to be an advance, in any essential particular, upon previous Acts. The form of the medical certificate for a pauper lunatic is prescribed.† Again, the Act is permissive as regards the action of the justices in causing the overseers to bring the lunatic before them, and calling in a medical man to their assistance.

* 59 Geo. III. c. 127.

† "I do hereby certify that by the directions of L. M. and N. O., Justices of the Peace for the county of H., I have personally examined C. D., and that the said C. D. appears to me to be of insane mind." Unfortunately a medical certificate in those days was not always of great value. Too many were illiterate productions like the following, on which a patient was admitted to Dr. Finch's asylum, Salisbury: "He^{y} Broadway A Potcarey of Gillingham Certefy that Mr. James Burt Misfortin hapened by a Plow in the Hed which is the Ocaision of his Ellness and By the Rising and Falling of the Blood And I think a Blister and Bleeding and Meddesen Will be A Very Great thing But Mr James Burt wold not A Gree to be don at Home. March 21, 1809. H^{ry} Broadway."

Four years afterwards, on June 30, 1823, the subject of private mad-houses again came before the House. A petition from John Mitford for an inquiry into the state of private mad-houses was ordered to lie on the table. Mr. Wynn, as on a former occasion, spoke, and observed that three Bills had, at recent periods, been sent up from that House to the Lords, relative to the inspection of houses of this description. He regretted to say they had not been passed. It is extraordinary that Mr. Wynn should have ended his speech by saying that, although he believed abuses might exist in some of these establishments, they were on the whole well conducted. Mr. (afterwards Lord) Brougham said that he knew Dr. Warburton, against whom charges had been brought, and that his character stood equally high both for medical skill and for humanity!

Writing in 1827, Sir Andrew Halliday* says, "The evidence taken before Mr. Rose's Committee, which sat for more than one session, must be fresh in the recollection of every one of my readers. . . . He was at great pains to prepare a Bill which, in the opinion of all who had heard the evidence, and had taken a disinterested part in the investigation, was well calculated to remedy every evil either ascertained or anticipated. The subject was dispassionately canvassed in the Lower House, and the Bill passed by the Commons, almost unanimously, three or four several times; but it was uniformly rejected by the Lords, and after Mr. Rose's death it got into

* "A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland."

Chancery, and there it has slept for the last *nine years.* I do not mean this remark in any manner as a jest; for, literally and truly, the late Lord Chancellor [Lord Eldon] took the whole matter upon his own shoulders, and promised to prepare a measure more suited to the exigencies of the sufferers than any that the collected wisdom of the Commons of England, in Parliament assembled, could think or devise. . . . The House of Commons has again taken up the matter, and I trust they will not abandon it, even though they should be opposed, until some provision is made against the recurrence of those evils, very trifling in comparison of former times, which during their last short inquiry were found still to exist." Sir A. Halliday points out that, although twenty years had elapsed since Mr. Wynn's Act passed (having received subsequently several amendments), asylums had only been opened in the counties of York (Wakefield, 1818), Lancaster (1816), Nottingham (1812), Norfolk (1814), Stafford (1818), Bedford (1812), Gloucester (1823), Lincoln (1820), and Cornwall (1820)—nine out of the fifty-two counties of England and Wales. Suffolk had just finished its building, as had Chester a short time before. Only at that very time had the magistrates of Middlesex, after two years' deliberation, announced that a county asylum was necessary, although it had been proved by Lord R. Seymour that 873 persons were suffering neglect and cruel treatment for want of it!

Returns ordered by Parliament in 1826 show that there were 1321 persons in private asylums, exclusive of

those in London and within a radius of seven miles; 1147 in public asylums, exclusive of those in St. Luke's and Bethlem; and 53 in public jails; giving a total of 2521 for the several counties of England and Wales. Those in private asylums in and near London being estimated at 1761, and the asylums of St. Luke's and Bethlem at 500, the gross total for England and Wales was 4782. Sir Andrew Halliday did not hesitate to assert, after very careful inquiry, that the number actually in confinement, not only in the asylums, but with relations and keepers, exceeded 8000. He thought there were very few in Wales, or in "the Celtic tribes in other portions of the empire." *

Before leaving Halliday, I may add that he regarded Bethlem as, at this period, well conducted, but as having "too much of the leaven of the dark ages in its constitution, and too rigid a system of quackery, in regard to its being seen and visited by respectable strangers." He adds that in some respects "it is little better than when, in fact, it formed one of the *lions* of the metropolis, and the patients as wild beasts were shown at sixpence for each person admitted." Of St. Luke's he writes, "It is only fit to become a prison for confirmed idiots." He would have been surprised to witness how much can be effected by improvements of various kinds, although he

* The cost of some of the asylums mentioned is worth noting:—Bedford, with 180 beds, £20,500; Cornwall, with 172, £18,780; Gloucester, with 120, £42,856; Lancaster, for 593, £100,695; Stafford, for 120, £36,500; Nottingham, for 170, £36,800; Norfolk, for 220, £50,000; Wakefield, for 420, £46,620. (Except Cornwall, land is included.)

might still wish that it were supplemented by some appendage in the country, if not removed there altogether.

A very important step was taken by Mr. R. Gordon in the House of Commons in 1827 (June 13th), by drawing attention to the pauper lunatics in Middlesex. He particularly referred to the dreadful state of misery of the pauper lunatics in London in the parishes of Marylebone and St. George's. When the overseers of the latter parish visited Dr. Warburton's asylum at Bethnal Green, they found, he said, in a room eighteen feet long, sixteen cribs,* with a patient in each crib, some of them chained and fastened down, and all of them in a state of great wretchedness. On one occasion, a visitor having gone there and reported that there was nothing objectionable, he repeated his visit next day, and discovered five rooms, in which the patients were in a most horrid state of misery; and this although the day before he was informed that he had seen everything. The unfortunate persons placed in these cribs were kept there from Saturday night until Monday; their food being administered to them in the cribs. Mr. Gordon moved for a Select Committee to inquire into the condition of pauper lunatics in Middlesex, and for leave to bring in a Bill to amend 14 Geo. III. c. 49 (1774),† and

* In reply it was asserted that the room was twenty-six feet long, and the number of cribs fifteen.

† In 1827 Sir A. Halliday wrote: "This Act, the inadequacy of which has long been ascertained and fully exposed, is still the only law by which mad-houses are licensed and regulated in England and Wales. . . . That it has remained so long upon the statute book must hereafter excite astonishment; and that even now, there should exist so much difficulty in having it altered and amended, is a fact scarcely to be credited. Yet such is the

to extend its provisions to pauper lunatics, to consolidate all Acts relative to lunatics and asylums, and to make further provisions thereto.

The Committee was appointed.

It specially directed its attention to the treatment of paupers in the parishes of Marylebone, St. George, Hanover Square, and St. Pancras, confined in the White House at Bethnal Green, belonging to Dr. Warburton. Its condition was frightful, and the Committee observes that if the White House is to be taken as a fair specimen of similar establishments, it cannot too strongly or too anxiously express its conviction that the greatest possible benefit will accrue to pauper patients by the erection of a county lunatic asylum.

The Committee reports that the defects and abuses in the management of houses for the reception of lunatics, to which the Select Committee of 1815 called the attention of the House of Commons, still exist in licensed houses where paupers are received in the neighbourhood of the metropolis, and that similar abuses elsewhere prevail. The evidence established that there was no due precaution with respect to the certificate of admission, the consideration of discharge, or the application of any curative process to the mental malady. The Committee therefore repeated the recommendations

fact; and thousands of our fellow-men have been hurried to an untimely grave, in all the horrors of raving madness or helpless fatuity, without its being possible to get their condition altered or amended, merely because certain (we hope mistaken) prejudices were entertained by an exalted individual whose voice was long paramount in the senate; and we had almost added, through the influence of those who have realized immense fortunes as wholesale dealers and traffickers in this species of human misery."

of the Committees of 1807 and 1815, and prepared a series of propositions as the basis of future legislation, repealing a number of Acts and recommending the consolidation, into one Act of Parliament, of the provisions for the insane, as well as further facilitating the erection of county asylums, and improving the treatment of pauper and criminal lunatics.

Dr. John Bright, secretary to the Commissioners, read from their records one entry, describing the condition of Holt's house, Lewisham, in Kent. In the year 1820, "in a close room in the yard, two men were shut by an external bolt, and the room was remarkably close and offensive. In an outhouse at the bottom of the yard, ventilated only by cracks in the wall, were enclosed three females. The door was padlocked; upon an open rail-bottomed crib herein, without straw, was chained a female by the wrists, arms, and legs, and fixed also by chains to the crib. Her wrists were blistered by the handcuffs; she was covered only by a rug. The only attendant upon all the lunatics appeared to be one female servant, who stated that she was helped by the patients."

Subsequent entries did not show any material improvement in the condition of the house.

Dr. Bright summarized the defects in the Lunacy Laws at that period, as regards the power vested in the Commissioners, as follows:—

"They are very defective in many points: in the first place, with respect to the granting licences, there is only one day in the year in which, according to the Act, the

licences can be granted; then with respect to persons to whom the licence may be granted, any person applying for that licence is entitled to have one; again, any person committing any offence, save and except the refusing admission to Commissioners on their visitations, may be continued and is continued in the exercise of such powers as that licence communicates to him; the Commissioners have no power to disturb in the management of his house any keeper of a house, whatever offences he may have committed, or however unworthy he may appear to them to be. Supposing any person who had, in the eyes of the Commissioners, acted improperly, to apply in October, at the usual and the only period in the year for granting licences, they conceive (and they are advised) that they are obliged to grant a licence to that individual. There is another circumstance which I think is very important, which is the certificate which is granted; the Act is vague with respect to the medical person. It speaks of him as physician, surgeon, or apothecary; it does not say 'duly authorized to grant a licence,' and, in point of fact, a number of persons, calling themselves apothecaries, do sign certificates, and the Commissioners do not believe that they can prevent them so doing, or that the signature is invalid; and, again, it often happens, and very improperly, as the Commissioners think, that persons sign the certificate in two capacities. For instance, a medical man is, or calls himself, the friend of the person conveyed to the mad-house, and he signs again as a medical person; again, the keeper of a mad-house, who happens to be a medical

person, signs a certificate, attesting the insanity of the party, and receiving that party into his house. The Commissioners always reprobate and endeavour to check such a practice, but not always successfully."

In the following year (February 19, 1828) Mr. Gordon, in pursuance of the instructions of the Committee, brought in a Bill to amend the law for the regulation of lunatic asylums. He said, among other things, that the medical certificate to be signed by an apothecary was interpreted to mean that it might be signed by any seller of drugs, and hence an apprentice, as soon as his indentures had expired, might consign a man to a madhouse. This reminds me of a mistake into which a distinguished German alienist has recently fallen, not unnaturally, from our double use of the word apothecary. He smiles at the absurdity of the British law allowing a mere druggist to sign a certificate of insanity! Mr. Gordon again refers to Dr. Warburton's house, and the patients in their cribs "wallowing in their filth throughout the whole of Sunday," while on Monday morning they were "in a state of nudity, covered with sores and ordure, and were carried into the yard to be suddenly plunged into cold water, even when ice was in the pails." The speaker added that it was impossible, with the strongest language, to describe the horrors of this place, and even maintained that the evidence before the Committee showed that, however bad, this house was good as compared with others of the same kind—if not much better than many of them.

He maintained that, unfortunately, the provision

made by 14 Geo. III., c. 49, by which five Commissioners, appointed by the College of Physicians, licensed and were bound to visit these houses yearly, and, if they found anything improper, were directed to state to the College what they had discovered, had never been attended to in practice; at least, since 1800. The excuse for this negligence was that the complaint to the College censors (placed on a card in their room) did no good, and might therefore as well be abandoned. In fact, he found on inquiry that the Commissioners had done nothing—literally and strictly nothing. He then referred to a house where two patients were found lying in an outhouse, and three others chained down by the arms, wrists, and legs. Their wrists were blistered, and their persons covered only by rags. This was within five miles of London. He concluded by moving for leave to bring in a Bill "To Consolidate and Amend the several Acts respecting County Lunatic Asylums, and to Improve the Treatment of Pauper and Criminal Lunatics."

Lord Ashley seconded the motion, and leave was given to bring in the Bill,* which passed the House.

In the Upper House Lord Malmesbury moved the second reading of the above Bill. One object, he said, of the Lunatic Asylum Regulation Bill was to give to counties more power in establishing asylums. For private patients, two medical certificates and an order would now be required, and the like for single patients. In regard to the existing College Commissioners, he ridiculed the extraordinary circumstance that if, in the course

* Hansard, vol. xviii. p. 583.

of their visits of inspection, they found what was reprehensible in an asylum, they could not revoke the licence which they themselves had given. It was proposed to take the power from the College of Physicians and invest it in fifteen Metropolitan Commissioners appointed by the Home Secretary.*

This Act (9 Geo. IV., c. 40), based on the Report of the Committee, was passed July 15, 1828.†

The returns of pauper lunatics in England and Wales amounted to 9000, being 6700 in excess of the corresponding return of 1807; but nobody supposes that there had been that, or, in fact, any considerable increase in the number of the insane poor, but simply greater accuracy in obtaining statistics.

Referring back to this period, Lord Shaftesbury, in evidence given before a Committee of the House of Commons thirty years later, and dwelling upon the old *régime*, observed: "I mention these things because they never could be seen now (1859), and I think that those who come after us ought to know what things have existed within the memory of man. At the present time, when people go into an asylum, they see everything cleanly, orderly, decent, and quiet, and a great number of persons in this later generation cannot believe there was ever anything terrible in the management of insanity; and many say, 'After all, a lunatic asylum is not so terrible as I believed.' When we begun our visitations, one of the first rooms that we went into contained nearly a hundred and fifty patients, in every

* Hansard, vol. xix. p. 195. † See Appendix D.

form of madness, a large proportion of them chained to the wall, some melancholy, some furious, but the noise and din and roar were such that we positively could not hear each other; every form of disease and every form of madness was there; I never beheld anything so horrible and so miserable. Turning from that room, we went into a court, appropriated to the women. In that court there were from fifteen to twenty women, whose sole dress was a piece of red cloth, tied round the waist with a rope; many of them with long beards, covered with filth; they were crawling on their knees, and that was the only place where they could be. I do not think that I ever witnessed brute beasts in such a condition, and this had subsisted for years, and no remedy could be applied to it. It was known to one or two physicians at the Royal College, who visited the place once a year; but they said, fairly enough, that, although they saw these things, they could not amend them." Lord Shaftesbury, after giving a short *résumé* of the condition of the old York Asylum, as well as of that of Bethnal Green in 1827, went on to observe—a paragraph which will form the motto of my work—"I might multiply these instances almost indefinitely, but I thought it was desirable just to indicate the state of things that existed, in order to contrast the Past with the Present." *

In the interval between the Act of 1828 † and the next Act of importance, several attempts were made at

* Minutes of Evidence of Select Committee of the House of Commons, 1859, p. 65.

† The Act of 1828 was amended by 2 and 3 Will. IV. c. 107.

further legislation on the part of Mr. Gordon and Lord Somerset. A Bill passed both Houses in 1832.* In one instance a Bill which passed the Commons was characterized in the House of Lords as "one of the most abominable pieces of legislation that ever was seen." It was "monstrous." "Their lordships could never suffer such an abominable piece of legislation to be thrust down their throats." It is scarcely necessary to say that the lips from which this animated language proceeded were those of Henry Brougham, then the Lord Chancellor. The Bill was, of course, rejected.

In 1842 Lord Somerset brought forward a motion on the inspection of asylums, and pointed out that there was a very large class of persons to whose inspection the Act of 1828 did not apply, viz. those in confinement in their own houses, in separate lodgings, in public institutions, as county asylums, and the hospitals of Bethlem and St. Luke's. The object of his Bill was to extend the system of inspection in force in the metropolitan licensed asylums to the provinces. Barristers, he maintained, should be appointed, with a fixed salary, and not paid for their hour's work and allowed to practise. It is worthy of record that the returns at this period showed that there were about sixty or seventy houses licensed for the reception of insane persons in the country, and that there were actually twenty-five counties in England

* 2 and 3 Will. IV., c. 107. The Metropolitan Commissioners were, under this Act, to be appointed by the Lord Chancellor instead of the Home Secretary. Not less than four or more than five were to be physicians, and two barristers.

where there was not a single asylum licensed for the reception of lunatics, and not one in Wales.

This measure was characterized by Mr. Wakley as not only a very small one, but as an insult to medical men, as it only proposed barristers as the new Commissioners, adding that "in Scotland there was one system, in Ireland there was another, and in England there were several, and among them all there was not one which, on the whole, was entitled to the sanction and approbation of the public, or which was worthy of the adoption of the noble lord [Somerset]."

Lord Ashley approved of the Bill, and speaking of the work of the Commissioners, he said, "They have aimed at a medium line of policy, and an immense amount of human misery had been abated under the present law, and by the industry of those who carry it into execution."

It was in this speech that Lord Ashley made an observation which has not escaped the criticism of the medical profession, namely, "that a man of common sense could give as good an opinion as any medical man he ever knew," that is, "when it has been once established that the insanity of a patient did not arise from the state of his bodily health." *

It should be stated that Mr. Wakley moved an amendment on the first clause of the Bill, omitting "Barrister Commissioners," and inserting "Medical Commissioners." He spoke of the total failure of the Metropolitan Commission, and ultimately moved as an

* Hansard, vol. lxi. p. 806.

amendment that two of the Commissioners to be appointed should not have their profession stated, their appointment being left to the Lord Chancellor. This amendment was carried by a majority of three, but in the Bill provision was made for two more physicians and two more barristers.

On July 16th of the same year, on the motion that the order of the day for the further consideration of the Lunatic Asylums Bill be proceeded with, a member suggested its postponement until further discussion. Lord Somerset replied that the Bill was framed for the purpose of procuring further information on the subject, in order to legislate permanently upon it. On the House going into Committee Lord Ashley expressed a hope that the measure would tend to ameliorate the condition of the pauper lunatics throughout the kingdom. On this occasion Lord Ashley observed, in regard to the system of non-restraint, that he had formerly entertained some doubts as to the practicability of carrying it out; but that these doubts had been removed by a visit to the Hanwell Asylum. Having witnessed the system pursued there, he said he could not speak too highly either of the system itself, or the manner in which it was carried out by Dr. Conolly.

Having passed through Committee, the Bill was read a third time on the 28th of July, 1842, and in this instance was not rejected by the House of Lords.*

The Metropolitan Commissioners, invested with their enlarged powers, made a most thorough inquiry into the

* 5 and 6 Vict., c. 87.

condition of the asylums in England and Wales, and presented a Report to Parliament in 1844, which must always possess great historic interest and value.* It constitutes the Doomsday Book of all that concerns institutions for the insane at that time.

The state of some asylums visited by the Commissioners was frightfully bad, notwithstanding the general progress which had been made since public attention had been directed to abuses and the several Acts of Parliament had been passed in order to remove them. These things, however, it must be remembered, were survivals of the past, not fair illustrations of the present; abuses which lingered on in spite of light and knowledge, and required stringent pains and penalties to force those who permitted them to abandon their practices.

On the 23rd of July, 1844, the indefatigable reformer of abuses connected with the treatment of lunatics, Lord Ashley, moved for an Address to the Crown, praying her Majesty to take into consideration the Report of the Metropolitan Commissioners in Lunacy† to the Lord Chancellor, presented to the House, the statute under which they acted expiring next session. He commented upon there being no official visitation of single houses. He believed that such a power "ought to be confided to some hand that would hunt out and expose the many horrible abuses that at present prevail." The only control was that if such patient resided more than

* Report of the Metropolitan Commissioners, 1844.

† For some of the details of this Report, see chapter v.

twelve months in a house, the owner was compelled to communicate the name of that patient to the clerk of the Commission; but for the most part no notice was taken of this law, and it was frequently evaded by removing the patient, after a residence of eleven months, to some other lodging.

At this period (January 1, 1844) the number of lunatics and idiots chargeable to unions and parishes in England and Wales was 16,821. In county asylums there was provision for only 4155, leaving 12,666 poor insane, of whom there were in asylums under local Acts 89, in Bethlem and St. Luke's 121, in lunatic hospitals 343, while 2774 were in private asylums, leaving in workhouses and elsewhere 9339. Although a few of the existing county asylums were well adapted to their purpose, and a very large proportion of them were extremely well conducted, yet some were quite unfit for the reception of insane persons. Some were placed in ineligible sites, and others were deficient in the necessary means of providing outdoor employment for their paupers. Some also were ill contrived and defective in their internal construction and accommodation. Some afforded every advantage of science and treatment; others were wholly deficient in these points. All of them, however, had the advantage of constant supervision, and of not giving any profit to the superintendent. Lord Ashley especially referred to the admirable manner in which the asylums of Wakefield, Hanwell, Lincoln, Lancaster, and Gloucester were managed. "Why, then," his lordship asked, "are not these institutions multiplied?

At this moment there are twenty-one counties in England and Wales without any asylum whatever, public or private. The expense is one cause. In some cases the cost of construction has been exceedingly great. The asylum most cheaply constructed is that of Wakefield, of which the average cost per head was £111, whilst the highest price was that of Gloucester, which had cost on the first accommodation £357 per head. In many cases the cost of construction had exceeded £200 per head. The cost of the Bedford Asylum, for 180 patients, was £20,500; that of Gloucester, for 261 patients, £51,366; that of Kent, for 300 patients, was £64,056; that of Hanwell, for 1000 patients, was £160,000, exclusive of £36,000 paid since 1835 for furniture and fittings. On the other hand, the best-constructed union-houses in the country had not cost more than £40 per head." Lord Ashley maintained that although, no doubt, a lunatic asylum was expensive, it ought not to be so to that enormous degree. The reason of this difference he did not know, except that many of them had been constructed with a great display of architecture, and some asylums were far too large. Adopting the opinion of the Report of the Commissioners, he maintained that no asylum for *curable* lunatics should contain more than 250 patients, and that perhaps 200 are as large a number as can be managed with the most benefit to themselves and the public in one asylum; and he quoted Dr. Conolly's stronger statement that 100 persons were the highest number that could be managed with convenience in one of these asylums. With regard to the

number of private patients in asylums, there were 3790, of whom 973 were in private metropolitan, and 1426 in private provincial asylums. The paupers in the private houses were—metropolitan, 854; provincial, 1920. With respect to these, it was a very serious question how far any house should be licensed to take paupers for payment. The principle was very dangerous, and Lord Ashley pointed out that if the superintendent only got seven or eight shillings a week, he still must make a profit, and that there could be no doubt it was so. Quoting the Report of the Commissioners again, he said that many asylums had formerly been private houses; the mansion was sometimes engrossed by the proprietor and a few private patients, while the paupers were consigned to buildings formerly used as offices and outhouses. After adducing evidence of the deplorable condition of certain asylums, Lord Ashley asserted that the only remedy was the multiplication of county asylums, and if advice and example failed, they ought to appeal to the assistance of the law to compel the construction of an adequate number of asylums over the whole country. It was the duty of the State to provide receptacles for the incurable patients, apart from those devoted to remedial treatment. Parochial authorities, however, preferred keeping patients in the workhouse at an expense not exceeding two shillings a week, rather than send them to the county asylum, where the minimum charge was seven shillings a week.

It was true, Lord Ashley observed, that they could show but few instances of restoration to reason. How,

indeed, was it possible? They could show, however, a mighty improvement in the condition of the sufferers, the alleviation of their state, their occupations and amusements (all, with some bright exceptions, of recent date), and that the services of religion had infused a momentary tranquillity; but they could show little else, and unless the Legislature should interfere and bring these unfortunates by force within the reach of sympathy and care, for every one restored to his senses we should see a hundred in whom the light of reason would be extinguished for ever. The speaker went on to say that there were two points of deep interest, to which the House would do well to advert for a moment—the question of restraint, and the admission and liberation of patients. "Upon restraint it was unnecessary to dwell very long, as it was a matter of internal arrangement, and beyond their immediate legislation; but he wished to direct the attention of the House to the chapter in the Report which handled that subject, that it might share the general satisfaction, and give praise to those good and able men, Mr. Tuke, Dr. Hitch, Dr. Corsellis, Dr. Conolly, Dr. de Vitré, Dr. Charlesworth and many more, who had brought all their high moral and intellectual qualities to bear on this topic, and had laboured to make rational and humane treatment to be the rule and principle of the government of lunacy."

Lord Ashley pointed out that the law required no medical certificate whatever for a pauper patient, except when admitted into a private asylum. It appears that in Wales at that time there were 1177 pauper lunatics,

36 of whom were in English county asylums, and 41 in English licensed houses, 90 in union workhouses, and 1010 living with their friends, many of them being in a wretched condition. Lord Ashley quoted a letter from one of the Commissioners, written in Wales, in which it was stated, "We have met with one case which we think most atrocious. A. B. was sent to the Hereford Asylum from near Brecon on November 28, 1843. She died on January 30th. She was in such a shocking state that the proprietor wished not to admit her; she had been kept chained in the house of a married daughter. From being long chained in a crouching posture, her knees were forced up to her chin, and she sat wholly upon her heels and her hips, and considerable excoriation had taken place where her knees pressed upon her stomach. She could move about, and was generally maniacal. When she died it required very considerable dissection to get her pressed into her coffin! This might be taken as a sample of Welsh lunatics."

The improvement in the condition of Dr. Warburton's asylum at Bethnal Green, which was the original cause of the Commission of Inquiry being appointed in 1827, now presented, it appears, a most agreeable picture of what might be done by vigilant inspection. "Whereas in 1828 there were commonly 150 to 200 of the patients restrained by leg-locks, chains, and other fetters—certainly during the night—in 1844 there were, out of 582 patients, only 5 whose violence rendered this species of restriction necessary, and even the confinement or coercion resorted to was of the most moderate descrip-

tion, and in the opinion of the visiting officers most necessary."

Lord Ashley concluded his speech with the following eloquent words :—" Sir, these subjects may be dull, and want the light and shade of more exciting topics; but the expense which is incurred, the numbers that suffer, and the nature of their sufferings, will perhaps justify the present demand upon your time and patience. The House possesses the means of applying a real and speedy remedy; these unhappy persons are outcasts from all the social and domestic affections of private life—nay, more, from all its cares and duties, and have no refuge but in the laws. You can prevent by the agency you shall appoint, as you have in many instances prevented, the recurrence of frightful cruelties; you can soothe the days of the incurable, and restore many sufferers to health and usefulness. . . . I trust, therefore, that I shall stand excused, though I have consumed so much of your valuable time, when you call to mind that the Motion is made on behalf of the most helpless, if not the most afflicted, portion of the human race." *

Sir James Graham does not appear to have been affected by this appeal, for, declining immediate action, he stated that the condition of pauper lunatics would come under the consideration of the House next session. He recommended the House to approach the subject of the inspection of private houses with great caution.

In the summer of 1845 (June 6th) Lord Ashley

* Hansard, vol. lxxvi. p. 1274.

returned to the subject, and brought forward in the House of Commons two Bills for England and Wales only, although he said, "I believe that not in any country in Europe, nor in any part of America, is there any place in which pauper lunatics are in such a suffering and degraded state as those in her Majesty's kingdom of Scotland." After pointing out that the then existing law was embodied in nine statutes, divisible into four classes—County Asylums, Licensed Asylums and Public Asylums, Persons found lunatic by inquisition, and Criminal Lunatics, he observed that his Bill only touched the two first classes, and amended the single Act contained under the first class, as also the three Acts contained under the second class, namely, 2 and 3 Will. IV., c. 107 ; 3 and 4 Will. IV., c. 64 ; and 5 and 6 Vict., c. 87 ; which various statutes were proposed by him to be consolidated into one—"A Bill for the Regulation of the Care and Treatment of Lunatics in England and Wales." After referring to the state of the law as it existed under 14 Geo. III., the only law regulating private asylums prior to Mr. Gordon's measure of 1828, Lord Ashley proposed to establish a permanent Commission of Lunacy, giving power of far more detailed and frequent visitation than previously, and placing "hospitals" under proper regulation by requiring them to have the same orders and certificates as in licensed asylums, and the same visitation as in county asylums. The person signing the order of a pauper patient would be required to examine him beforehand, and the medical officer certifying his

insanity was to see him within seven days of his confinement. On admission the mental and bodily condition of the patient, and in the event of his death, the cause thereof, were to be stated. Injuries and acts of violence were to be recorded and a case-book kept. A return was to be made of all single patients received for profit.* Workhouses containing lunatics were to be subjected to regular visitation. These were some of the provisions of the first Bill.

The second was an extension of the Act of 9 Geo. IV., c. 40, and was of the highest importance, for the provision of county and borough asylums, instead of being permissive, was made compulsory. Where insufficient accommodation had been provided, it was required to increase it. It was proposed to erect some separate buildings at less cost for incurable, or rather chronic, cases. The above Bill was to be extended to boroughs having separate quarter sessions, and to every place not contributing to county rates. All lunatics not chargeable, whether wandering or otherwise, were to be apprehended, and those whose friends were unable to pay for them admitted as paupers. A quarterly inspection by a medical man of lunatics not in asylums was required, and a list was to be sent to the Commissioners in Lunacy.

Lord Ashley, after paying the tribute of respect and admiration due to Pinel, referred in conclusion to the introduction of a humane system of treatment into this

* These were to be visited by a small private Committee named by the Lord Chancellor.

country at York, adding that it must be grateful to the feelings of the author of the "Description of the Retreat" "to perceive that his example has obtained not only the approval, but the imitation of the best and wisest men of this country, and, I may add, of America."

Lord Ashley's Bill introduced for the first time a permanent Lunacy Commission. It comprised six paid Commissioners at salaries of £1500 each, which, he observed, would be economical in the end. In Mr. Gordon's Act the Commissioners were appointed for one year, to be renewed annually, and consisted of ten unpaid members and five physicians, who were paid at the rate of one guinea an hour for their attendance, with power to carry into effect the new Act within the metropolitan district. This Act and the Commission were renewed in 1832, when two barristers were added on the same terms. In 1834, having been always a member of the Commission, Lord Ashley became the chairman. The Act had been renewed periodically every three years until the year 1842, when Lord Somerset brought in a Bill, the object of which was greatly to extend the operation of the Metropolitan Commission. The number of physicians was then augmented to seven, and the barristers to four; and it was also provided that the Commissioners should receive five guineas a day during the performance of their duties in the provinces. Immediately after that Act (5 and 6 Vict., c. 87) the Commissioners had entered upon their enlarged duties. The consequence was that in each year the establishments visited by them were:

Visited once a year.
- Seventeen county asylums, or asylums brought within the scope of 9 Geo. IV. (1828), (twelve county asylums, five county and subscription asylums).
- Eleven of mixed character (partly by subscription and partly by income from charitable foundations).
- Two military and naval hospitals.

Visited twice a year.
- Ninety-nine houses licensed by justices in session (fifty-nine receiving only private patients, forty private and pauper).

Visited four times a year.
- In metropolitan district:
- Thirty-seven houses licensed by Metropolitan Commissioners (thirty-three for private patients only; four for private and pauper).

Total public and private asylums, January 1, 1844, 166.

The result of these investigations was, Lord Ashley observed, the Report presented to the House last session, when he moved for an Address to the Queen, but withdrew it upon the Government promising to bring in a Bill. Ultimately, however, the Government had requested him to undertake it.

The two Bills, having passed the Houses of Parliament, received the Royal assent on the 4th and 8th of August, 1845.* They have been well called the Magna Charta of the liberties of the insane.

After these Acts had been in operation for eight years, it was found that various amendments were needed, and in February, 1853, Lord St. Leonards introduced, along with another Bill lessening the expense arising out of lunacy inquisitions, one consolidating the laws respecting asylums, and one amending Lord Shaftesbury's Act (c. 100). They constitute the 16 and 17 Vict., c. 96 and c. 97.

The former, entitled "An Act to amend an Act passed

* 8 and 9 Vict., c. 100 and c. 126 (see Appendix E.)

in the ninth year of Her Majesty 'for the Regulation of the Care and Treatment of Lunatics,'" has reference mainly to private asylums and hospitals. The same order and certificates which were required for admission into an asylum were now necessary for single patients. It was enacted that medical men should specify the facts upon which their opinion of a patient's insanity was based, distinguishing those observed by themselves from those communicated by others. Bethlem Hospital was by the thirty-fifth section of this Act made subject to the provisions of the Lunacy Acts.

The latter statute, entitled "An Act to Consolidate and Amend the Laws for the Provision and Regulation of Lunatic Asylums for Counties and Boroughs, and for the Maintenance and Care of Pauper Lunatics in England and Wales," repealed the 8 and 9 Vict., c. 126; 9 and 10 Vict., c. 84; and 10 and 11 Vict., c. 43. Many sections refer to the particular mode of determining the manner in which an asylum shall be provided for the paupers of a county and borough, whether for the county alone, or with some other county or borough, or with the subscribers to any hospital, or with the visiting committee of a county asylum for the joint use of an existing asylum. The parish medical officer was directed to visit all the paupers in it *every quarter*, whether in the workhouse or not, and report to the guardians or overseer those who, in his judgment, might be properly confined in an asylum. Thus the tendency of the Act was, in this and other ways, calculated to add to the numbers under care, and, therefore, to make the apparent increase of in-

sanity greater. Three classes of lunatics were contemplated by this Act, viz. pauper lunatics; wandering lunatics, whether paupers or not; lunatics not paupers and not wandering, who are cruelly treated or neglected. The Commissioners might order the removal of a lunatic from an asylum, unless the medical officer certified such patient to be dangerous; and the latter might be overruled by the consent of two visiting justices to his discharge. A large number of the sections of this Act provide in detail for the settlement, etc., of pauper lunatics. Penalties were enacted in the event of any superintendent or other officer of an asylum ill-treating or neglecting a patient.*

One of those waves of suspicion and excitement which occasionally pass over the public mind in regard to the custody of the insane, occurred in 1858. Sensational articles appeared in the papers, and novels were written to hold up those connected with the care and treatment of the insane to public obloquy. The author himself did not escape animadversion, and was represented in a newspaper as a brutal mad-doctor using a whip upon an unfortunate patient "in an institution of which better things might have been expected." That the charge was the offspring of a bewildered editor, who confused person and place in an incredible manner, and was obliged to acknowledge that he had been the victim of his own imagination, only shows how the paroxysms of sudden passion and indignation to which

* For more particular provisions in these Acts and that of 1855 (18 and 19 Vict., c. 105), containing some further amendments, see Appendix F.

John Bull is liable, may lead to the most ridiculous mistakes. However, there must be some fire where there is smoke, and one or two unfortunate events gave colour to the assertion, persistently made, that asylums were the abodes of injustice and cruelty. A Select Committee of the House of Commons was appointed in February, 1859, to inquire into the operation of the Acts of Parliament and Regulations for the Care and Treatment of Lunatics and their Property, including Sir George Grey, Mr. Walpole, Mr. Whitbread, Mr. Drummond, Mr. Kekewich, and others; and evidence was given by the Earl of Shaftesbury, Mr. Barlow, Mr. Gaskell, Dr. Southey, Dr. Conolly, Dr. Hood, Dr. Bright, Dr. Bucknill, Mr. Lutwidge, etc.

The Committee commence their Report with presenting the following comparison of the number of lunatics in 1844, 1858, and 1859:—

Location.	1844.	1858.	1859.
Private patients in asylums, hospitals, and licensed houses	3,790	4,612	4,762
Pauper lunatics and idiots in asylums, hospitals, and licensed houses... ...	7,482	17,572	18,022
Pauper lunatics and idiots in workhouses (655) and with friends, etc.	9,339	13,163	13,208
	20,611	35,347	35,992

the last figure showing an increase of 15,000 over the number in 1844, and being one in six hundred in the population. The Committee point out that from 1808 to 1845 the justices had the power to provide, in every

county, proper houses for pauper lunatics, but were not obliged to do so. There were in 1859 forty county asylums. Of seventy-one boroughs bound to provide asylums, about forty had done so.

As to public asylums, the evidence brought forward convinced the Committee that little alteration was required in the law, they being "well looked after and carefully attended to." It was suggested that they might be in some instances too large, and the staff of attendants too small and not sufficiently paid. Also that it might be desirable to erect, in connection with them, detached buildings of a simple and inexpensive character for the reception of imbecile and chronic patients.

It was considered that the chief evil for which a remedy was required lay in the detention of a large number of pauper lunatics in workhouses, amounting to 68,000 in January 1st, 1857, and 7632 on January 1st, 1859. "It cannot be denied that, with regard to those who are really lunatics, there is a great absence of proper supervision, attendance, and medical treatment. In some workhouses there are not even separate wards; mechanical restraint is frequently applied, because the imperfect state of the accommodation will not admit of a better mode of treatment; in many cases, the medical officers of a union cannot have the special knowledge requisite for the management of the insane; and it may generally be concluded that the special appliances of a union workhouse are not by any means equivalent, as to this class of inmates, to those of a lunatic asylum." The Committee did not recommend the removal of all

cases, but that no person should be detained in a workhouse respecting whose sanity a doubt existed, without a medical certificate, renewable quarterly; that there should be distinct wards for such patients, with distinct attendance; that the guardians should visit such patients once a quarter, and make a special entry of their condition; that the Commissioners should visit them at least once a year; and that the same power of removing any patient to an asylum should be given to the Commissioners as that possessed by the justices.

Lord Shaftesbury on this occasion recommended that magistrates should be empowered to provide asylums by money raised on the security of the rates, for all the non-pauper classes. "When I look into the whole matter," he said, "I see that the principle of profit vitiates the whole thing; it is at the bottom of all these movements that we are obliged to counteract by complicated legislation, and if we could but remove that principle of making a profit, we should confer an inestimable blessing upon the middle classes, getting rid of half the legislation, and securing an admirable, sound, and efficient system of treatment of lunacy." The Committee, however, while encouraging such asylums founded on private contributions, could not recommend that a burden should be imposed on the ratepayers, or that their establishment should be compulsory.

The Committee suggested as safeguards against the improper detention of lunatics in private asylums (after dismissing the proposal to require the sanction of a magistrate) various important precautions.

1. Worthy of consideration whether the certificate should be verified before a magistrate, so as to enable him to determine whether the Act has been complied with. 2. The certificate authorizing detention to be limited to three months. 3. The order to state the time when the patient was last seen, and not to be effective unless the applicant had seen the patient within three months. 4. Copy of order and certificate to be sent to the Commissioners within twenty-four hours, instead of within seven days. 5. The patient to be visited as soon as possible by the Commissioners or by some person acting directly under their authority. 6. The person who signs the order for admission to a private asylum to visit the patient at least every six months—a clause in Mr. Gordon's Act, but omitted in that of 1845. 7. Patients to have a *primâ facie* right to receive visits from and correspond with friends. 8. To make it penal for any medical man to receive a patient in a single house without apprising the Commissioners of it.

Other suggestions of the Committee had reference to Chancery lunatics, criminal lunatics, and the composition and powers of the Lunacy Board.

When this Committee met, the Acts in force were essentially similar to what they now are (the only important subsequent statute being that of 1862), viz. for *public asylums*, the 16 and 17 Vict., c. 97, and 18 and 19 Vict., 105, and for *private asylums*, 8 and 9 Vict., c. 100, 16 and 17 Vict., c. 96, and 18 and 19 Vict., c. 105. According to these Acts, the great principle which

governs asylums where private patients are kept may be said to be that no person can receive into his house more than one patient, if he derives any profit therefrom, unless he has a licence granted to him for that purpose, and submits to the regulations which that licence implies.

Legislation followed in 1862, in the statute 25 and 26 Vict., c. 111, entitled "An Act to amend the Law relating to Lunatics." *

It made pauper lunatics chargeable upon the common fund of the union, instead of the particular parish. In addition to many matters of detail in reference to the establishment of asylums, and an important section in regard to the use of workhouses for chronic lunatics, additional safeguards were given to prevent the improper admission of patients into institutions for the insane, much care being shown in reference to the abuse of private asylums. Persons signing orders for admission must have seen the patient within one month. Certain persons were prohibited from signing any certificate or order for the reception of any private patient into a licensed or other house, viz. those receiving a percentage on, or otherwise interested in, the payments to be made by any patient received into such houses; as well as any medical attendant as defined by the Lunacy Act of 1845. If defective medical certificates were not amended within fourteen days, the Commissioners were empowered to order the patient's discharge. On admission of patient, the documents, with the exception of the "state-

* See Appendix G.

ment," were to be transmitted to the Lunacy Board within one clear day, instead of after two and before the expiration of seven, as formerly. Increased visitation of asylums by Commissioners was provided, one of whom might visit any asylum, hospital, or jail, in addition to the visits required by two of them. Regulations were made in regard to patients being absent on trial, the transmission of their letters, and the further protection of single patients. These and some other sections were the outcome of the suggestions of 1859–60.*

In 1874 a Poor Law Act granted four shillings per head out of the Consolidated Fund to paupers in asylums, to the effects of which we shall have to refer in the next chapter.

It is necessary now to chronicle the appointment of the Select Committee of 1877, known as Mr. Dillwyn's Committee, the result, to a large extent, of a feeling of uneasiness in the public mind, or rather, a portion of it, relative to the too easy admission of patients into asylums, and their too difficult exit, when once there. The grossest charges were made against the proprietors of licensed asylums, and the Commissioners themselves were charged with culpable laxity. As might be expected, some changes in the law were suggested likely to prove beneficial, and the Report of the Committee

* In the following year another statute (26 and 27 Vict., c. 110), entitled "An Act to amend the Lunacy Acts," was passed, but only consisted of three sections referring to one or two doubtful points in the previous Act, which do not require notice. How many Acts of Parliament are necessitated by the blundering obscurity of the person who, as draughtsman, escapes criticism?

contained sundry recommendations of importance. The charges, however, from which the inquiry originated, fell to the ground; and had the appointment of the Committee had no other result, the advantage would have been great, in presenting a most gratifying contrast to the revelations which took place fifty years before, in 1827.*

The conclusions at which the Committee arrived were that, "although the present system was not free from risks which might be lessened, though not wholly removed, by amendments in the existing law and practice, yet, assuming that the strongest cases against the present system were brought before them, allegations of *mala fides* or of serious abuses were not substantiated. . . . The Committee cannot avoid observing here, that the jealousy with which the treatment of lunatics is watched at the present day, and the comparatively trifling nature of the abuses alleged, present a remarkable contrast to the horrible cruelty with which asylums were too frequently conducted less than half a century ago, to the apathy with which the exposure of such atrocities by successive Committees of this House was received, both by Parliament and the country, and to the difficulty with which remedial enactments were carried through the legislature. . . . Nevertheless, the anomalous state of the law, which undoubtedly permits forcible arrest and deportation by private individuals and the fearful

* For an analysis of the evidence, and considerations thereupon, the writer may refer to an article in the *Contemporary Review*, October, 1877, entitled "Lunacy Legislation."

consequences of fraud or error, have induced the Committee carefully to inquire whether any additional safeguards may be devised."

Among the changes proposed (most of which are of the nature of safeguards), or in some instances hinted at rather than proposed, were:—an emergency certificate as in Scotland, signed by one medical man, but if the patient remains in the asylum more than three days, two fresh certificates to be obtained; in addition to report now required after the admission of the patient, a careful statement to be prepared from the case book and sent to the Lunacy Board at the end of the first month; the order on which every patient is admitted to continue in force for not more than three years, when a special report should be sent to the Board by the superintendent, and repeated annually; the original order to be given by a near relative as in Ireland, or some responsible person who could be called to account; the patient being visited every six months by the person signing the order, the "surest mode of guarding against unduly prolonged detention consisting in frequent and careful visitation of all places in which any lunatic is confined, with full power placed in the hands of the Commissioners to order his discharge, and in the more general adoption of the system of probationary release." Reports to be sent to the Commissioners of patients kept under restraint in private families or religious houses in the British Isles, not for profit, provided that the reports are confidential, and the patients confirmed lunatics, and not merely suffering under temporary derangement. On

showing good cause for such a course, any person, as in Scotland, with the sanction of the Commissioners, to send two medical men to test the condition of any patient under control. Personal examination of patients, such as that made by the Chancery Visitors, to be extended to them irrespective of the possession of property. "Either the Chancery lunatics, who number less than a thousand, have too much care bestowed upon them, or the others, who exceed sixty-five thousand, have far too little. . . . It seems physically impossible that, with the present strength of the Lunacy Commissioners, minute supervision of those who require it can be efficiently exercised." Amalgamation of the two departments might obviate waste of power in visiting, stricter supervision being also exercised over single patients, who are only visited once a year, there being nothing in the Acts to necessitate even this visitation. Transference of administration of property of persons unable to manage it, without deprivation of liberty, suggested. Particular workhouses to be devoted to harmless lunatics, who now crowd the asylums, by a common action of the workhouse authorities within certain areas. Voluntary boarders to be allowed to go to asylums, whether they have already been in confinement or not, notice being sent to the Lunacy Board of their admission. The existence of private asylums to be left to the spontaneous action of the public, sufficient accommodation in public asylums as in Scotland, Cornwall, and at Cheadle, being encouraged and facilitated by enlargement of the powers of magistrates, and other means calculated to extend

this system. Greater freedom of patients in asylums, and of their visitation by friends, and in correspondence, are regarded as valuable securities against the infringement of personal liberty. Whatever changes are made, a consolidation of the Lunacy Acts would be most desirable. Such were the main proposals.

These suggestions of the Committee have not yet borne fruit, but will, no doubt, be of service in future lunacy legislation.

Mr. Dillwyn, in introducing his last Bill (May 25, 1881),* proposed that no one should be confined as a lunatic except upon an order of the justice of the peace; that no one should be incarcerated except at the instance of a near relative, or of some solicitor of repute. There was also provision that due notice should be given before a justice made the order, and that the order must be authorized by two medical men, one of whom should be the medical officer of the district. For violent lunatics he proposed the Scotch law, which permitted an emergency certificate, enabling persons who had paroxysms of lunacy to be detained for twenty-four hours, but not longer, except on the order of some competent authority. In the matter of discharges, he proposed that patients should be discharged on the order of a Judge in Chambers, a stipendiary magistrate, or a County Court judge, who should order two medical men to visit the lunatic, and report on the case; and such judge, after communicating with the Lunacy Commissioners, might order the lunatic to be liberated within ten

* "Parliamentary Debates," 3rd Series, vol. 261, p. 1278.

days. As to private asylums, Mr. Dillwyn knew that the proposals he made bearing upon them would be met by the argument of vested interests on the part of the proprietors, but he did not think such interests ought to be exceptionally respected. He did not wish to introduce compulsion, but proposed that justices should be enabled to raise money by way of terminable annuities for the reception in public asylums of those who could pay. Mr. Dillwyn on this occasion was in a generous mood, for he observed that "he had nothing to say against private asylums, which, on the whole, were very well conducted." What he objected to was the interest which the proprietors had in keeping their patients as long as possible. Mr. Dillwyn objected to the present system of inspection, and made certain proposals with a view to increase its efficiency—including a paid chairman of the Lunacy Board. Mr. Dillwyn's Bill never reached the stage of the third reading, nor was it discussed in committee; and the Government, which expressed a hope that they might be able to take the matter in hand, has not yet found time to bring in a Bill.

It will be seen from the foregoing sketch that the example of a better system of treatment slowly but surely exercised a beneficial effect, combined as it was by the exposure of the neglect and cruelty which for the most part marked the treatment in asylums, workhouses, and also the home care of the insane; that the demand for legislative inquiry and interference followed; and that the system of inspection has, step by step, been rendered

stricter and more effective. First there was introduced the visitation by the College of Physicians, through five of its Fellows—a miserable failure. Then there was, in 1828, the appointment of Metropolitan Commissioners, whose authority was in 1842 extended to the whole of England and Wales; and, last of all, was the establishment of the Board of Lunacy Commissioners on the basis upon which it is now constituted. So woefully slow, if eventually successful, is the march of events in the progress of reform.

There have been several members of the legislature who have honourably distinguished themselves by advocating in Parliament the claims of a class whose unhappy characteristic it is that they are unable to advocate their own cause, among whom may be mentioned Mr. T. Townshend, Mr. Wynn, Mr. Rose, Mr. Gordon, Lord Somerset; but to no single legislator is so great a debt of gratitude due as to Lord Shaftesbury, whose untiring efforts, and conciliatory yet firm bearing, in bringing forward his measures for the relief of the insane, combined with a thorough mastery of the question and an intimate acquaintance with the condition of houses for their care and treatment, have effected the greatest good, and served to carry into extensive operation, principles already enunciated, it is true, and even partially practised, but requiring the strong arm of the law to enforce their recognition throughout the Kingdom. The extent of obligation the insane and their friends owe to Lord Shaftesbury, who for more than fifty years has devoted himself to their interest, can only be fully estimated by

those who have carefully traced his unwearied assiduity in conducting measures through Parliament, providing for the erection of lunatic asylums and the proper visitation of their inmates, and who are acquainted with the manner in which he has filled the office of Chairman of the existing Lunacy Board since it was formed. At that period Mr. Sheil could say in the House, without fear of contradiction, that "it may be truly stated that the noble lord had added nobility even to the name of Ashley, and that he had made humanity one of 'Shaftesbury's Characteristics.'" *

* Mr. Gordon died in 1864. In their Report of that year, the Commissioners "deplore the death of their colleague, Mr. Robert Gordon, whose name has been prominent, during the greater part of the last half century, in connection with efforts to ameliorate the condition of the insane," and add, "Down to the present time, Mr. Gordon has given to our labours, constant and valuable personal aid; and his unwearied and disinterested service, closed only by death, we must remember always with respect and gratitude." It may be mentioned here that Mr. Wynn, to whose exertions the Act of 1808 (p. 128) was due, lived to witness Lord Ashley's Act of 1846 passed, and was present in the House during the debate.

CHAPTER V.

LINCOLN AND HANWELL—PROGRESS OF REFORM IN THE TREATMENT OF THE INSANE FROM 1844 TO THE PRESENT TIME.

BEFORE presenting official evidence of the gradual progress in the condition of the insane in England, we must interpose in our history a brief reference to the development of what every one knows as the non-restraint system of treating the insane. It is, no doubt, true that restraint begins the moment a patient enters an asylum, under whatever name it may be disguised, but by this term is technically meant the non-use of mechanical restraint of the limbs by the strait waistcoat, leg-locks, etc. If, as indeed it may be granted, it had its real origin in the humane system of treatment introduced into England long previously, it was in the first instance at Lincoln, and subsequently at Hanwell, adopted as a universal method, and as a rule having almost the sanctity of a vow.

The following table shows, in the clearest manner, by what gradual steps the experiment was tried and carried on at the former asylum. Dr. Charlesworth was the visiting physician and Mr. R. Gardiner Hill the house surgeon.

Year.	Total number in the house.	Total number restrained.	Total number of instances of restraint.	Total number of hours under restraint.
1829	72	39	1727	20,424
1830	92	54	2364	27,113¾
1831	70	40	1004	10,830
1832	81	55	1401	15,671½
1833	87	44	1109	12,003½
1834	109	45	647	6,597
1835	108	28	323	2,874
1836	115	12	39	334
1837	130	2	3	28

Here we observe that in 1829 more than half the number of the inmates were subjected to mechanical restraint, while in 1836, out of 115 patients, only twelve were so confined, and in 1837 there were only two out of 130.* The total disuse of mechanical restraints followed. They were, however, resorted to on one or two occasions subsequently.

In connection with the foregoing, it must be mentioned that the entries of the visitors and the reports of the physicians alike agree in describing the condition of the patients as much improved, the quiet of the house increased, and the number of accidents and suicides as materially reduced in number.

It would appear that the mitigation of restraint, as evidenced by these minutes (which commence with 1819), "was ever the principle," to use Mr. Hill's own words, "pressed upon the attention of the Boards of the Lincoln Asylum by its able and humane physician, Dr. Charles-

* "A Lecture on the Management of Lunatic Asylums," etc., by Robert Gardiner Hill. Published April, 1859 (delivered June 21, 1838). (See Appendix H.)

worth, at whose suggestion many of the more cruel instruments of restraint were long since destroyed, very many valuable improvements and facilities gradually adopted, and machinery set in motion which has led to the unhoped-for result of actual abolition, under a firm determination to work out the system to its utmost applicable limits." Mr. Hill became house surgeon in 1835; and it will be seen, by the table already given, that the amount of restraint (which, in consequence of Dr. Charlesworth's exertions, had already remarkably decreased) became less and less under the united efforts of these gentlemen, until the close of the year 1837, when restraint was entirely abolished; and while, on the one hand, as Mr. Hill frankly acknowledges, "to his [Dr. Charlesworth's] steady support, under many difficulties, I owe chiefly the success which has attended my plans and labours," while Dr. Charlesworth's great merit, both before and after Mr. Hill's appointment, must never be overlooked, it is due to the latter gentleman to admit that he was the first *to assert the principle* of the entire abolition of mechanical restraint, as is stated in the "Fourteenth Annual Report of the Lincoln Asylum," which report is signed by Dr. Charlesworth himself.

For a time there were, certainly, some drawbacks to the success of the Lincoln experiment, from the serious physical effects (such as broken ribs, etc.), which occasionally resulted from the struggles between attendants and patients; and it is probable that, had not the experiment been carried out on a much larger scale at Hanwell by Dr. Conolly, with far greater success, a

reaction would have ensued, of infinite injury to the cause of the insane.

Dr. Conolly went to Hanwell in 1839; and in the first of an admirable series of reports written by him, we read, "The article of treatment in which the resident physician has thought it expedient to depart the most widely from the previous practice of the asylum, has been that which relates to the personal coercion, or forcible restraint, of the refractory patients. . . . By a list of restraints appended to this report, it will be seen that the daily number in restraint was in July so reduced, that there were sometimes only four, and never more than fourteen, at one time [out of eight hundred]; but, since the middle of August, there has not been one patient in restraint on the female side of the house; and since September 21st, not one on either side. . . . For patients who take off or destroy their clothes, strong dresses are provided, secured round the waist by a leathern belt, fastened by a small lock. . . . No form of waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles, is now in use. The coercion-chairs (forty in number) have been altogether removed from the walls. . . . Several patients formerly consigned to them, silent and stupid, and sinking into fatuity, may now be seen cheerfully moving about the walls or airing-courts; and there can be no question that they have been happily set free from a thraldom, of which one constant and lamentable consequence was the acquisition of uncleanly habits."

In a later report (October, 1844) Dr. Conolly observes,

"After five years' experience, I have no hesitation in recording my opinion that, with a well-constituted governing body, animated by philanthropy, directed by intelligence, and acting by means of proper officers (entrusted with a due degree of authority over attendants properly selected, and capable of exercising an efficient superintendence over the patients), there is no asylum in the world in which all mechanical restraints may not be abolished, not only with perfect safety, but with incalculable advantage."

Four years ago when I visited the Lancaster Asylum, I was shown a room containing the dire instruments of coercion formerly in use, and a most instructive exhibition it was. At my request the superintendent, Dr. Cassidy, has kindly provided me with the following list of these articles:—1 cap with straps; 4 stocks to prevent biting; 2 muzzles (leather) to cover face and fasten at the back of the head; 10 leather gloves, of various forms, perforated with holes, and cuffs of leather or iron; 14 double ditto, with irons for wrists; 1 kicking shoe; 11 leather muffs with straps; 4 stout arm leathers (long sleeves with closed ends) with cross-belt and chains; 8 heavy body straps, with shoulder-pieces, waist-belts, cross-belts, and pairs of handcuffs attached by short chains; 5 ditto of somewhat different make; 30 ditto, but with leather cuffs; 2 waist straps with leather cuffs attached; 9 pairs of leather cuffs padded; 11 pairs of leg-locks; a quantity of foot and hand cuffs (iron), with chains and catches to fasten to a staple in the wall or bedstead; 21½ pairs of padded leather handcuffs; a larger quantity of

handcuffs, single and double, of iron ; 22 sets of strong body fastenings, very heavy chains covered with leather and iron handcuffs ; a large quantity of broad leather straps ; a bag of padlocks ; keys for handcuffs, etc.

Truly the iron must have entered into the soul of many a poor lunatic in those days. Mr. Gaskell began at once to remove handcuffs, etc., on his appointment as superintendent, February, 1840. The disuse of restraint is chronicled in the annual report, dated June, 1841. He resigned, January 16, 1849, to become a Commissioner in Lunacy.

The Metropolitan Commissioners in Lunacy, as we have seen in the previous chapter, issued a Report which forms an epoch in the history of the care and provision for the insane in England and Wales. It should be stated that, previous to the date of its preparation in 1844, the following asylums had been erected under the Acts 48 Geo. III., c. 96, and 9 Geo. IV., c. 40.

County.	Town.	Date of opening.
Beds	Bedford	1812
Chester	Chester	1829
Cornwall	Bodmin	1820
Dorset	Forston, near Dorchester	1832
Gloucester	Gloucester	1823
Kent	Barming Heath, Maidstone	1833
Lancaster	Lancaster Moor	1816
Leicester ...	Leicester	1837
Middlesex	Hanwell	1831
Norfolk ...	Thorpe, near Norwich ...	1814
Nottingham	Nottingham	1812
Stafford ...	Stafford	1818
Suffolk	Melton, near Woodbridge ...	1829
Surrey	Springfield, Wandsworth	1841
York, West Riding ...	Wakefield	1818

There were two asylums in operation at this date, which were declared by local Acts county asylums, subject to the provisions of 9 Geo. IV., c. 40, viz. St. Peter's Hospital, Bristol, incorporated in the year 1696; and one at Haverfordwest, county of Pembroke, 1824.

The military and naval hospitals were two in number, viz.—

Hospital.	Nature.	Date of opening.
Fort Clarence, Chatham	Military ...	1819
Haslar Hospital, Gosport ...	Naval ...	1818

Then there were the old hospitals of Bethlem and St. Luke's—the former more specially devoted to the insane in 1547, removed from Bishopsgate Street to Moorfields in 1676, and opened in St. George's Fields in 1815; the latter opened July 30, 1751.

The other public lunatic hospitals, nine * in number, were—

Locality.	Name of Asylum.	Date of opening.
Exeter	St. Thomas'	1801
Lincoln	Lunatic Asylum ...	1820
Liverpool	,, ,, ...	1792
Northampton ...	General Lunatic Asylum	1838
Norwich	Bethel Hospital	1713
Oxford (Headington)	Warneford Asylum ...	1826
York	Bootham Asylum	1777
,, ...	The Retreat ...	1796

* Including the wards in the Manchester Hospital.

The total number of recognized lunatics on the 1st of January, 1844, were—

Private	4,072
Pauper	16,821
Total ...	20,893

They were thus distributed:—

GENERAL STATEMENT OF THE TOTAL NUMBER OF PERSONS ASCERTAINED TO BE INSANE IN ENGLAND AND WALES, JANUARY 1, 1844.

Where confined.	Private patients.			Paupers.			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
15 county asylums ...	130	115	245	1,924	2,231	4,155	2,054	2,346	4,400
2 ditto under local acts	—	—	—	38	51	89	38	51	89
2 military and naval hospitals	164	4	168	—	—	—	164	4	168
2 Bethlem and St. Luke's Hospitals ...	178	264	442	86	35	121	264	299	563
9 other public asylums	249	287	536	177	166	343	426	453	879
Licensed houses—									
37 metropolitan ...	520	453	973	360	494	854	880	947	1,827
99 provincial ...	748	678	1,426	947	973	1,920	1,695	1,651	3,346
* Workhouses and elsewhere	—	—	—	4,169	5,170	9,339	4,169	5,170	9,339
Single patients under commission	172	110	282	—	—	—	172	110	282
Total ...	2,161	1,911	4,072	7,701	9,120	16,821	9,862	11,031	20,893

The number of asylums amounted to 166.†

At this period there were thirty-three metropolitan licensed houses receiving private patients only, and four which received paupers also.

The dates of opening of these thirty-three private asylums, so far as known, were: three in the last century, to wit, in 1744, 1758, and 1759; one in each of the

* Including thirty male and three female criminal lunatics in jails, according to the Parliamentary return for April, 1843.

† Exclusive of the lunatic ward of Guy's Hospital.

following years, 1802, 1811, 1814, 1816, 1823, 1825, 1826, 1829, 1832, 1833, 1834, 1836, 1837, 1840, 1842, and 1843; and two in 1830, 1831, 1838, and 1839.

Passing from London to the provinces, we find fifty-five provincial licensed houses receiving private patients only, and forty-four receiving paupers, of which one was in Wales (Briton Ferry, near Swansea). The known dates of opening were: in 1718, Fonthill-Gifford in Wilts; in 1744, Lea Pale House, Stoke, near Guildford; in 1766, Belle Grove House, Newcastle-on-Tyne; in 1791, Droitwitch; and in 1792, Ticehurst, Sussex; one in each of the following years, 1800, 1802, 1803, 1806, 1808, 1812, 1814, 1816, 1818, 1821, 1824, and 1829; two in each of the years 1820, 1822, 1826, 1828, 1832, 1834, 1836, 1837, 1838, and 1842; three in each of the years 1825, 1831, 1839, and 1843; four in 1833; five in 1830, 1835, and 1840; and, finally, six in 1841. One of the asylums opened in 1843 was that in Wales, containing only three patients.

Of some asylums found by the Commissioners to be in a very disgraceful state, one is described as "deficient in every comfort and almost every convenience. The refractory patients were confined in strong chairs, their arms being also fastened to the chair. One of these—a woman—was entirely naked on both the days the Commissioners visited the asylum, and without doubt during the night. The stench was so offensive that it was almost impossible to remain there." In another, "in the small cheerless day-room of the males, with only one (unglazed) window, five men were

restrained by leg-locks, called hobbles, and two were wearing, in addition, iron handcuffs and fetters from the wrist to the ankle ; they were all tranquil. Chains were fastened to the floors in many places, and to many of the bedsteads." The Commissioners report of another house that "in one of the cells for the women, the dimensions of which were eight feet by four, and in which there was no table and only two wooden seats, we found three females confined. There was no glazing to the window. . . . The two dark cells, which joined the cell used for a day-room, are the sleeping-places for these three unfortunate beings. Two of them sleep in two cribs in one cell. . . . There is no window and no place for light or air, except a grate over the doors." The condition of the floor and straw, on which the patients lay, it is unnecessary to describe.

We should not be doing justice to the history of non-restraint if we did not state in full what the Commissioners found at this period to be the opinion of the superintendents of the asylums in England.

"During our visits," they say, "to the different asylums, we have endeavoured to ascertain the opinions of their medical superintendents in reference to the subject of restraint, and we will now state, in general terms, the result of our inquiries. Of the superintendents of asylums not employing mechanical restraint, those of the hospitals of Lincoln, Northampton, and Haslar, and of the county asylum at Hanwell, appear to consider that it is not necessary or advisable to resort to it in any case whatever, except for surgical purposes.

On the other hand, the superintendent at Lancaster * hesitates in giving an opinion decidedly in favour of the non-restraint system. He thinks that, although much may be done without mechanical restraint of any kind, there are occasionally cases in which it may not only be necessary, but beneficial. The superintendent of the Suffolk Asylum considers that in certain cases, and more especially in a crowded and imperfectly constructed asylum, like the one under his charge, mechanical restraint, judiciously applied, might be preferable to any other species of coercion, as being both less irritating and more effectual. The superintendent of the Gloucester Asylum states that he has adopted the disuse of mechanical restraint, upon the conviction which his experience has given him during a trial of nearly three years. Of the superintendents of asylums who employ mechanical restraint, those of the Retreat at York, of the Warneford Asylum, and of the hospitals at Exeter, Manchester, Liverpool, and St. Luke's, consider that, although the cases are extremely rare in which mechanical restraint should be applied, it is, in some instances, necessary. Similar opinions are entertained by the superintendents of the county asylums of Bedford, Chester, Cornwall, Dorset, Kent, Norfolk, Nottingham, Leicester, Stafford, and the West Riding of York. At the Retreat at York mechanical or personal restraint has been always regarded as a 'necessary evil,' but it has not been thought right to dispense with the use of a mild and protecting personal restraint, believing

* Mr. Gaskell. See p. 209.

that, independent of all consideration for the safety of the attendants, and of the patients themselves, it may in many cases be regarded as the least irritating, and therefore the kindest, method of control. Eight of the superintendents employing bodily restraint have stated their opinion to be that it is in some cases beneficial as well as necessary, and valuable as a precaution and a remedial agent; and three of them have stated that they consider it less irritating than holding with the hands; and one of them prefers it to seclusion.

"In all the houses receiving only private patients, restraint is considered to be occasionally necessary, and beneficial to the patients. . . . At the Cornwall Asylum, we found a man who voluntarily wrapped his arm round with bands of cloth from the fear of striking others. He untied the cloth himself at our request. We know the case of one lady, who goes home when she is convalescent, but voluntarily returns to the asylum when she perceives that her periodical attacks of insanity are about to return, in order that she may be placed under some restraint.

"Of the asylums entirely disusing restraint, in some of them, as we have stated, the patients have been found tranquil and comfortable, and in others they have been unusually excited and disturbed. Without, however, attaching undue importance to the condition of the asylum at the time of our visits, or to accidents that may happen under any system of managing the insane, it is nevertheless our duty to call your Lordship's attention to the fact that since the autumn of 1842 a patient and

a superintendent have been killed; a matron has been so seriously injured that her life was considered to be in imminent danger (at Dr. Philp's house at Kensington); another superintendent has been so bitten as to cause serious apprehensions that his arm must have been amputated; and two keepers have been injured so as to endanger their lives. These fatal and serious injuries and accidents have been caused by dangerous patients, and some of them in asylums where either the system of non-coercion is voluntarily practised, or is adopted in deference to public opinion."

The following is a brief summary of the arguments of medical officers and superintendents advocating absolute non-restraint at that period:—

1. That their practice is the most humane, and most beneficial to the patient; soothing instead of coercing him during irritation; and encouraging him when tranquil to exert his faculties, in order to acquire complete self-control.

2. That a recovery thus obtained is likely to be more permanent than if obtained by other means; and that, in case of a tendency to relapse, the patient will, of his own accord, be more likely to endeavour to resist any return of his malady.

3. That mechanical restraint has a bad moral effect; that it degrades the patient in his own opinion; that it prevents any exertion on his part; and thus impedes his recovery.

4. That experience has demonstrated the advantage of entirely abolishing restraint, inasmuch as the condition

of some asylums, where it had been previously practised in a moderate and very restricted degree, has been greatly improved, with respect to the tranquillity and the appearance of cheerfulness among the patients in general, after all mechanical coercion has been discontinued.

5. That mechanical restraint, if used at all, is liable to great abuse from keepers and nurses, who will often resort to it for the sake of avoiding trouble to themselves; and who, even when well disposed towards the patient, are not competent to judge of the extent to which it ought to be applied.

6. The patient may be controlled as effectually without mechanical restraint, as with it; and that the only requisites for enabling the superintendents of asylums to dispense with the use of mechanical restraint, are a greater number of attendants, and a better system of classification amongst the patients; and that the additional expense thereby incurred ought not to form a consideration where the comfort of the patients is concerned.

On the other hand, the medical and other superintendents of lunatic asylums who adopted a system of non-restraint as a general rule, but made exceptions in certain extreme cases, urged the following reasons for occasionally using some slight coercion :—

1. That it is necessary to possess, and to acquire as soon as possible, a certain degree of authority or influence over the patient, in order to enforce obedience to such salutary regulations as may be laid down for his benefit.

2. That, although this authority or influence is obtained in a majority of cases by kindness and persuasion, there are frequent instances where these means entirely fail. That it then becomes necessary to have recourse to other measures, and, at all events, to show the patient that, in default of his compliance, it is in the *power* of the superintendent to employ coercion.

3. That a judicious employment of authority mixed with kindness (and sometimes with indulgence) has been found to succeed better than any other method.

4. That the occasional use of slight mechanical restraint has, in many instances, been found to promote tranquillity by day and rest by night.

5. That it prevents, more surely than any supervision can effect, the patient from injuring himself or the other patients.

6. That, particularly in large establishments, the supervision must be trusted mainly to the attendants, who are not always to be depended on, and whose patience, in cases of protracted violence, is frequently worn out. That in such cases mild restraint insures more completely the safety of the attendants, and contributes much to the tranquillity and comfort of the surrounding patients.

7. That in many cases mild mechanical restraint tends less to irritate, and generally less to exhaust the patient, than the act of detaining him by manual strength, or forcing him into a place of seclusion, and leaving him at liberty to throw himself violently about for hours together.

8. That the expense of a number of attendants—not, indeed, more than sufficient to restrain a patient during a violent paroxysm, but nevertheless far beyond the ordinary exigencies of the establishment—is impracticable in asylums where only a small number of paupers are received.

9. That the occasional use of slight coercion, particularly in protracted cases, possesses this additional advantage: that it gives the patient the opportunity of taking exercise in the open air at times when, but for the use of it, he would necessarily be in a state of seclusion.

10. The system of non-restraint cannot be safely carried into execution without considerable additional expense; a matter which will necessarily enter into the consideration of those who are desirous of forming a correct opinion as to the precise benefits likely to arise from the adoption or rejection of such a system.

11. That the benefit to the patient himself, if indeed it exist at all, is not the only question; but that it ought to be considered, whether the doubtful advantage to himself ought to be purchased by the danger to which both he and his attendants and other patients are exposed, when restraint is altogether abolished.

And 12thly. That, when a patient is forced into and secluded in a small room or cell, it is essentially coercion in another form, and under another name; and that it is attended with quite as bad a moral effect, as any that can arise from mechanical restraint.*

* Summary taken from the Report of the Metropolitan Commissioners, 1844.

Passing on to 1847, we find the Commissioners in Lunacy, having acted under the new powers conferred upon them by the two Acts passed since the date of the Report of 1844 (8 and 9 Vict., cc. 100 and 126), able to give a satisfactory sketch of the progress of reform in the condition of asylums. "In several of the county asylums and hospitals," they observe, "the adoption of a more gentle mode of management was originally designed in the direction of these establishments, and was the result of public opinion and of the example set by the managers of the Retreat near York. A strong impression was made on the feelings and opinion of the public in reference to the treatment of lunatics by the publication of Mr. Tuke's account of the Retreat at York. The able writings of Dr. Conolly have of late years contributed greatly to strengthen that impression, and to bring about a much more humane treatment of lunatics in many provincial asylums, than that which formerly prevailed." Referring, then, to the Report of the Metropolitan Commissioners (1844) it is observed that "proof is afforded therein that this amendment had not extended itself to old establishments for the insane, and that much severe and needless restraint continued to be practised in numerous private, and in some public asylums. In many of the private asylums, and more especially in those which received great numbers of pauper patients, much mechanical coercion was practised, until it came to be in great measure laid aside in consequence of the repeated advice and interference of the Commissioners. . . . In private licensed asylums it has

been thought impracticable to avoid the occasional use of mechanical coercion without incurring the risk of serious accidents. Under these circumstances restraint of a mild kind is still practised, but we look forward to its abolition, except, perhaps, in some extraordinary cases, so far as pauper patients are concerned, when the provisions of the Act for the establishment of county asylums shall have been carried into effect. In the best-conducted county asylums it is now seldom (and in a few establishments never) resorted to." *

At this period, the actual number of lunatics returned to the Commissioners was only 18,814, but they estimated the number under some kind of care, in England and Wales, at 26,516. There were—

Location.	Private.	Pauper.	Total.
In county asylums, hospitals, and licensed houses	3,574	9,652	13,226
Bethlem, and in naval and military hospitals not subjected to visitation of Commissioners	606	—	606
Poor-law unions; placed under local Acts ...	—	8,986	8,986
Gilbert's unions, and other places not in union	—	176	176
Single patients found lunatic by inquisition	307		307
Ditto in private houses with persons receiving profit	130	—	130
Excess of pauper patients in workhouses, etc., estimated by visiting Commissioners as at least one-third over the number returned by parish officers	—	3,053	3,053
Criminals in jails	—	32	32
Total ...	4,617	21,899	26,516

* Second Report of the Commissioners in Lunacy, 1847, p. 224.

The number of patients found lunatic by inquisition was 542; their incomes amounting to £280,000. In 1839 the corresponding numbers were 494 and £277,991.

The estimated annual amount expended at this time for maintenance of lunatics, or administered on their behalf, exceeded £750,000, thus distributed:

1. Cost of 9652 paupers in asylums, estimated at 8*s.* per week ...	£200,762
2. Ditto of 8986 paupers in workhouses, etc., and 173 in parishes not in union (9159), estimated at 3*s.* per week	71,440
3. Ditto of excess of 3053 paupers over the number returned by the parish officer	23,813
4. Ditto of 3574 private patients in asylums, etc., at an average of 20*s.* per week	173,628
5. Income of 542 private patients found lunatic by inquisition	280,000
6. Cost of 606 patients in Bethlem and the naval and military hospitals, estimated at 10*s.* per week	50,756
7. Ditto of 120 other single patients taken charge of in separate houses at £100 a year	12,000
8. Thirty-two criminals in jails, estimated at 3*s.* per week	249
Total ...	£777,648

Adding the expense of maintaining many families cast upon the parish in consequence of the patient's insanity, and the expense of supporting many called imbecile, and the interest of large sums invested in public establishments, the Commissioners estimated the actual amount as little less than £1,000,000.

In the same Report the Commissioners observe "that they have found that, with some exceptions, the patients have apparently been humanely, and sometimes very judiciously treated. There is no reason to apprehend that the lunatic patient is now often subjected to cruelty or ill-treatment. . . . The massive bars, and rings, and

chains of iron formerly resorted to are no longer seen. Any continued coercion is not permitted. The name of every patient under restraint and in seclusion, and the means by which such seclusion is effected, are recorded every week in a journal. Thus the safeguards against lunatic patients being subjected to harsh or unnecessary restraint from the cruelty, idleness, or caprice of their attendants, have been multiplied, and the chances of abuse reduced to a small amount."

The number of lunatics placed under mechanical restraint in licensed houses in this year is given in the following table, it being premised that wherever the number is not specified, "it may be assumed either that there was no patient then under restraint, or that the number was so small, and the restraint so trivial, as not to be deemed worthy of special remark." *

Asylum.	Number of patients.	Criminals.	Under restraint last visit.
METROPOLITAN LICENSED HOUSES.			
Bethnal Green—Red House } White House } ...	614	12	4
Bow—Grove Hall	291	—	2
Brompton—Earls Court	32	—	1
Camberwell—Camberwell House ...	246	1	5
Clapham—Retreat	15	—	1
Clapton, Upper—Brook House	42	—	1
Fulham—Beaufort House	5	—	2
Hillingdon—Moorcroft House	50	—	1
Hoxton—Hoxton House	416	—	4
Kensington—Kensington House ...	44	—	2
Peckham—Peckham House	409	4	4
Stoke Newington—Northumberland House	55	—	1

* Page 112. No return is made in regard to the inmates of other asylums.

Asylum.	Number of patients.	Criminals.	Under restraint last visit.
PROVINCIAL LICENSED HOUSES.			
Derby—Green Hill House	25	—	1
Durham—Gateshead Fell	92	8	1
Essex—High Beach	34	—	2
Gloucester—Fishponds	45	—	1
,, Northwoods	29	—	1
,, Fairford	175	1	1
Hants—Grove Place	78	1	1
Herefordshire—Whitchurch ...	32	2	1
Kent—West Malling Place	40	—	3
Lancaster—Blakely House	24	—	1
Northumberland—Bell Grove House ...	13	—	1
Oxford—Witney	11	—	2
,, Hook-Norton	57	1	2
Somerset—Bailbrook House ...	92	3	10
Stafford—Oulton Retreat	25	—	2
,, Sandfield	44	—	1
Sussex—Ringmer	3	—	1
Warwick—Duddeston Hall	87	3	6
,, Kingstown House	91	—	2
Wilts—Bellevue House	181	5	5
,, Fiddington House	193	3	3
Worcester—Droitwich	91	2	2
York, East Riding—Hull and East Riding Refuge	115	8	1
,, ,, Hessle	12	—	1
,, West Riding—Castleton Lodge ...	15	—	1
,, ,, Grove House ...	41	—	5
,, ,, Heworth	29	—	1

If for the purpose of comparison at different years we take one asylum, Ringmer in Sussex, there were in November, 1829, nineteen patients, of whom five were under restraint by day, and seven by night. In 1830 (February) the number of patients was twenty, and of these eleven were under restraint by day, and six by night; while in October of the same year, out of eighteen patients, there were nine under restraint. In 1831, there

were twenty-two patients, ten of whom were under restraint. Writing in 1848, the Commissioners enumerate the various changes for the better which had then taken place, among which were—an active medical superintendence; the abolition of excessive use of mechanical restraint, there being sometimes only one or two, and occasionally no patient whatever, under mechanical restraint; the introduction of warm and cold baths; the cleanliness of the day-rooms and dormitories; the addition of a good library, and various amusements and means of occupation; and also an excellent dietary. Such is a sample of the happy change which was, in many instances, brought about by inspection.

The following classification of asylums in 1851 will show at a glance the progress made in providing accommodation from time to time, consequent upon legislation:—

1. Asylums existing prior to passing of Act 8 and 9 Vict., c. 126.

Accommodation for pauper lunatics at passing of the Act	5560
Additional accommodation provided therein since the passing of the Act	1753
Total accommodation ...	7313

2. Asylums in progress of erection at passing of Act 8 and 9 Vict., c. 126, and since opened.

Number for which designed	997
Subsequent additions	206
Total present accommodation	1203

3. Asylums erected or provided under the provisions of the Act 8 and 9 Vict., c. 126, and now opened.

Accommodation for pauper lunatics	1114

4. Asylums in progress of erection under Act 8 and 9 Vict., c. 126, and not yet opened.

Proposed accommodation for pauper lunatics ...	4299

Under provisions of previous Acts	6557
Under Act 8 and 9 Vict., c. 126	7372
Total	13,929

Exclusive of 192 in Northampton Hospital.

Asylums existing prior to or at the passing of Act 8 and 9 Vict., c. 126—

Beds., Herts and Hunts., Chester, Cornwall, Devon, Dorset, Gloucester, Kent, Lancaster (containing the largest number of patients, 700), Leicester and Rutland, Middlesex (Hanwell), Norfolk, Notts., Salop and Montgomery, Stafford, Suffolk, Surrey, West Riding, Yorkshire, Bristol (borough). Wales—Haverfordwest (town and county), Montgomery (see Salop).

Asylums in progress of erection at the passing of this Act, and since opened—

Oxford and Berks, Somerset, North and East Riding, Yorkshire. Wales—Anglesea, Carnarvon, Denbigh, Flint, Merioneth.

Total number for which designed	997
Additions since passing the Act	206
Total	1203

Counties in which no steps are taken to provide asylums—

Cumberland, Durham, Northampton, Sussex, Westmoreland.

Total accommodation	5560
Subsequent additions	1753
Total	7313

Asylums erected or provided under the above Act and now opened—

West Lancashire (Rainhill), East Lancashire (Prestwich, near Manchester), Birmingham (borough), Kingston-upon-Hull.

For these asylums the accommodation provided in the first instance was 1114.

There were still upwards of fifty boroughs for whose pauper lunatics no legal provision was made, and no asylum was then erected for the City of London.

Under the head of mechanical restraint, the Commissioners now report that it has still further diminished, and has in some houses been absolutely abolished. However, in fifty entries made in the books of thirty-six

private asylums, abuses and defects are animadverted upon in fifteen instances in regard to restraint, in twenty instances in regard to bedding and clothing, nine in regard to diet, seven in regard to cleanliness, and four in regard to management and treatment. They observe that the number of lunatics in workhouses has diminished in a very marked degree.

In this Report the Commissioners take the opportunity of animadverting, also, upon the defective state of the law in regard to the property of lunatics; the good effect of the Act 8 and 9 Vict., c. 100, being lessened by this and other causes.

Turning to the year 1854, nearly ten years after the Act of 1845 had been in fruitful operation, we find the Commissioners attaching importance to the alterations recently made in the law of lunacy by the three important statutes, 16 and 17 Vict., c. 70 (the "Lunacy Regulation Act" of 1853) which refers to Chancery lunatics; 16 and 17 Vict., c. 90 (an amendment of the Act under which the Board was constituted); and 16 and 17 Vict., c. 97 (the "Lunatic Asylums Act," 1853).

These Acts, with 8 and 9 Vict., c. 100, and 15 and 16 Vict., c. 48, and the Acts relative to criminal lunatics, constituted at that period the code of law of lunacy.

The following counties still remained unprovided for:—Sussex, Cumberland, Westmoreland, Northumberland, Durham, Cambridge, Cardigan, Carmarthen, Glamorgan, Pembroke.

New private asylums were no longer licensed for paupers, in consequence of the accommodation provided for them in county asylums.

Complaints having been made of the treatment of patients at Hanwell, an inquiry had been instituted, which, in the opinion of the Commissioners, justified them. They appeared to have been due to the want of efficient supervision of male patients.

This Report of the Commissioners gives a series of interesting replies to a circular letter addressed to the superintendents and medical proprietors of nearly all the asylums in England and Wales, on non-restraint, upon which they observe, " as the general result which may be fairly deduced from a careful examination and review of the whole body of information thus collected, we feel ourselves fully warranted in stating that the disuse of instrumental restraint, as unnecessary and injurious to the patient, is practically the rule in nearly all the public institutions in the kingdom, and generally also in the best-conducted private asylums, even those where the restraint system, as an abstract principle admitting of no deviation or exception, has not in terms been adopted.

" For ourselves," they observe, " we have long been convinced, and have steadily acted on the conviction, that the possibility of dispensing with mechanical coercion in the management of the insane is, in a vast majority of cases, a mere question of expense, and that its continued or systematic use in the asylums and licensed houses where it still prevails must in a great measure be ascribed to their want of suitable space and accommodations, their defective structural arrangements, or their not possessing an adequate staff of properly qualified attendants, and frequently to all these causes combined.

"Our matured views upon the subject will be best understood by stating the course we have followed in the discharge of our functions as visitors. In that capacity we have made it a principle to discourage, to the utmost, the employment of instrumental restraint in any form. Wherever we have found it in use, our uniform practice has been to inquire minutely into the circumstances and reasons alleged for its necessity, and to insist on recourse being had to those various other means which experience has proved in other houses to be effective substitutes for it. . . .

"As respects the question of *seclusion*, its occasional use for short periods, chiefly during paroxysms of epilepsy or violent mania, is generally considered beneficial. At the same time, we would observe that the facilities which seclusion holds out to harsh or indolent attendants for getting rid of and neglecting troublesome patients under violent attacks of mania, instead of taking pains to soothe their irritated feelings, and work off their excitement by exercise and change of scene, render it liable to considerable abuse; and that, as a practice, it is open, though in a minor degree, to nearly the same objections which apply to the more stringent forms of mechanical restraint. We are therefore strongly of opinion that, when even seclusion is resorted to as a means of tranquillizing the patient, it should only be employed with the knowledge and direct sanction of the medical officer, and even then be of very limited duration.

"Further experience, we think, has shown that, except for the reception of epileptic patients during the con-

tinuance of their paroxysms, and in a few cases where there is a determined propensity to suicide, the utility of padded rooms is not so great as was at one time supposed; and that, for cases of ordinary maniacal excitement, seclusion in a common day-room or sleeping-room of moderate size, from which all articles that might furnish instruments of violence or destruction have been removed, and which is capable of being readily darkened, when required, by a locked shutter, will, in general, be found to answer every useful purpose." *

As ten years had elapsed since the first attempt of any value to present the numbers of the insane in England (see page 211), it is of interest to compare with the table referred to, the following statement of the numbers on the 1st of January, 1854:—

GENERAL STATEMENT OF THE TOTAL NUMBER OF PERSONS ASCERTAINED TO BE INSANE IN ENGLAND AND WALES, JANUARY 1, 1854.†

Where confined.	Private patients.			Paupers.			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
33 county and borough asylums	147	146	293	5,791	6,878	12,669	5,938	7,024	12,962
2 military and naval hospitals	199	5	204	—	—	—	199	5	204
2 Bethlem and St. Luke's Hospitals	235	239	474	4	7	11	239	246	485
12 other public asylums	467	456	923	102	103	205	569	559	1,128
Licensed houses—									
41 metropolitan ...	608	598	1,206	418	723	1,141	1,026	1,321	2,347
88 provincial ...	795	738	1,533	593	407	1,000	1,388	1,145	2,533
Workhouses and elsewhere	—	—	—	5,326	5,327	10,653	5,326	5,327	10,653
Total ...	2,451	2,182	4,633	12,234	13,445	25,679	14,685	15,627	30,312

* Eighth Report of the Commissioners in Lunacy, p. 43.

† Exclusive of 226 single patients under commission.

In their ninth Report the Commissioners speak of continued progress, and to show the beneficial effects of good and kind treatment, record the case of a lady visited by them in a private asylum, where they found her in a room by herself, in a sadly neglected condition, and very frequently placed under mechanical restraint. Her habits were dirty, and her opportunities of taking exercise few. In consequence of her unsatisfactory condition the Commissioners ordered her removal to another asylum (the York Retreat), and about twelve months afterwards saw her there, and made an entry to the effect that since her admission she had never been in restraint or seclusion ; that her destructive and dirty habits had been corrected by constant attention, exercise out of doors, and association with other patients. The Commissioners found her quiet, orderly, clean, well-dressed, and so much improved in appearance that they had some difficulty at first in recognizing her.

It was inevitable, as a result of the attention directed to the condition of the insane, and the greatly increased provision made for them in consequence, that there should be an alarming apparent increase of lunacy in the kingdom. In point of fact, the number of pauper lunatics had increased sixty-four per cent. in the eight years ending 1855.

At this period there were 13,579 patients in county and borough asylums, 1689 in registered hospitals, 2523 in metropolitan and 2588 in provincial licensed houses, and 114 in the Royal Naval Hospital.

The number of insane poor not in asylums was

estimated at 10,500, of whom about half were inmates of workhouses, and the remainder with relations and strangers on an allowance from the parish.

There were various obvious explanations for the apparent increase of lunacy, viz. the greatly enlarged accommodation; the prolongation of life in consequence of kind care; the parochial authorities being required to take immediate proceedings for placing violent and recent cases under treatment; medical practitioners recognizing the nature of cases of insanity better; facilities of post-office, railway, and press bringing cases to light; medical officers being required to make quarterly returns under 17 and 18 Vict., c. 97, s. 66; and the efforts of the Commissioners to impress on guardians the importance of sending recent cases to asylums.

The increase of private patients during eight years had been at the rate of only fifteen per cent.; but the Commissioners point out that this conveys an imperfect view of the relative increase of pauper and private cases, inasmuch as a practice had sprung up by which persons who had never been themselves in receipt of relief, and who are not unfrequently tradesmen or thriving artisans, had been permitted to place lunatic relatives in the county asylums as pauper patients, under an arrangement with the guardians for afterwards reimbursing to the parish the whole or part of the charge for their maintenance.

"Indeed, it may be said with truth that, except among what are termed the opulent classes, any protracted attack of insanity, from the heavy expenses which

its treatment entails, and the fatal interruption which it causes to everything like active industry, seldom fails to reduce its immediate victims, and generally also their families with them, to poverty, and ultimately to pauperism."

The Commissioners add—and we draw special attention to the statement—that "this is the main reason why, in our pauper lunatic asylums, many inmates are to be met with who have formerly held a respectable station in society, and who, in point of education and manners, are greatly superior to the inmates of a workhouse." * Hence we see how utterly fallacious is the conclusion constantly drawn from a study of the mere figures themselves that insanity is, to the extent indicated by them, more prevalent among the lower than the higher classes of society.

The very great importance of obtaining good attendants for asylums became a prominent subject now that the number of patients under treatment had so vastly increased, and it was clearly seen that the skill of the superintendent was of little avail unless effectually carried out by a well-qualified staff of attendants. It was necessary that they should be liberally remunerated, and that their position in the house should be made comfortable. The Commissioners recommended the appointment of head attendants of a superior class, whose duties should not be restricted to any one ward, but who should be responsible for the conduct of the other attendants. A well-educated lady had been found most useful in

* Page 35.

asylums as a companion to female patients of the upper classes. The Commissioners required notices to be transmitted to their offices of all dismissals for misconduct of nurses or attendants, and of the causes thereof; these notices being regularly filed for reference, in the event of inquiries being made as to the characters of applicants for employment.

Reviewing the condition of the insane generally at this time in workhouses, the Commissioners were able to report that, upon the whole, a sensible amelioration had taken place in their physical condition and in their treatment. They abstained, however, from any official sanction of the construction of lunatic wards in workhouses; for the patients were not provided with any suitable occupation, the means for exercise were generally wanting, and the attendants were too badly paid to allow of a reliance being placed on their services.

The large number living with strangers or relatives on parish allowance appeared to have seldom fallen within the personal observation of the Commissioners, who had chiefly to depend upon the annual returns from the clerks of the Board of Guardians, and on the quarterly returns from the medical officers of the various districts,* whose returns were so defective and irregular that no definite conclusion could be drawn from their contents.

In their next Report the subject of workhouses still claimed the attention of the Commissioners, and they complained that, in direct contravention of the law,

* Act of 1853, ss. 64 and 66.

pauper patients were sent first to a workhouse, instead of an asylum. The sixty-seventh section of the Act of 1853 was disregarded altogether. Hence, if the patient was found manageable in the workhouse, he was detained there, or, if ultimately sent to the asylum, much valuable time had been lost, and his chance of cure greatly lessened. The Commissioners found their recommendations set at defiance, for the most part, whenever the report of the medical officer stated the patient to be "harmless." It was urged that the lunatic wards in workhouses should be placed in the position of licensed houses, and that the Commissioners and visitors should be invested with the same power in regard to them as they possessed over these establishments. But it became very clear that, however valuable the recommendations of the Commissioners might, and, indeed, have ultimately proved to be, they did not possess the authority of commands. At the infirmary asylum at Norwich unceasing suggestions for improvement were made for *ten years*, which were, "with very few exceptions, systematically disregarded." Then, but not till then, did the Commissioners appeal to the Secretary of State, to require the authorities of Norwich to provide for their lunatic poor, according to the statutes 8 and 9 Vict., c. 126, passed twelve years before. The Act of 1853, having introduced some modification for boroughs of small populations, left no further excuse for making proper provision. The Commissioners from time to time issued circulars to the various asylums, and intimated their intention to report to the Secretary of State (under s. 29 of the Act) the

cases of all boroughs wherein proper provision had not been made for their pauper lunatics. "But even this last appeal did not fare more successfully; and all our reiterated inquiries and remonstrances have as yet made hardly a perceptible impression upon that almost general neglect of the law which it was hoped they might repair."

As regards the important class of single patients, the Commissioners had not found it practicable to visit them as they desired to do. Many, however, had been visited. Some were found indifferently accommodated, and otherwise in a very unsatisfactory state. The provisions of the law were extensively evaded.*

As the views entertained and recommended by the Commissioners from time to time are of importance in regard to the construction of asylums, it may be observed that in their Report of 1857 they dwell on the evils of very large buildings, on account of the loss of individual and responsible supervision, the loss of the patient's individuality, and the tendency of the rate of maintenance for patients to run higher.† It was also maintained that the divided responsibility consequent on such large institutions was injurious to management, and that the cures of patients were actually fewer. It was considered that the limits to the size of the Hanwell Asylum were reached, and indeed exceeded, viz. for 1020, but room for 600 patients more was required. So at Colney

* Page 44.

† For a table showing the cost per head in asylums of various sizes, see Appendix I.

Hatch there were 1287 patients, while 713 more demanded admission. When, in 1831, Hanwell was built for 500, it was thought sufficient to provide for the whole of Middlesex! Two years after, however, it was full; in another two years it was reported to contain 100 patients more than it was built for, and after the lapse of another two years it had to be enlarged for 300 more; Colney Hatch having been constructed for 1200 patients belonging to the same county, and opened in 1851; and yet, within a period of less than five years, it became necessary to appeal to the ratepayers for further accommodation, and the latest return showed that, at the close of 1856, there were more than 1100 paupers belonging to the county unprovided for in either of its asylums. "Hardly had they been built, when the workhouses sent into each such a large number of chronic cases as at once necessarily excluded the more immediately curable, until the stage of cure was almost past; and the doors of the establishment became virtually closed not long after they were opened to the very inmates for whom only it was needful to have made such costly provision." Hence the Commissioners urged separate and cheaper asylums for old cases; but the committees of the asylums objected. The Secretary of State induced the two parties to meet, but, being unable to agree, the Commissioners reluctantly gave way.

In 1858 the amount of existing accommodation for pauper lunatics in the counties and boroughs was—for males, 7516; females, 8715; total, 16,231; and the additions then being made to old asylums amounted

to—for males, 1172; females, 1309; total, 2481. The numbers for whom additional asylums were then being made were—males, 1169; females, 1157; total, 2326. The sum of these totals being 21,048. There were, on the 1st of January of this year, 17,572 pauper lunatics in asylums, of whom as many as 2467 were still confined in private asylums. There were now 33 county and 4 borough asylums, 15 registered hospitals, 37 metropolitan licensed houses, and 80 provincial licensed houses; also the Royal Naval Hospital. The total number of inmates in these establishments were (in the order enumerated) 15,163, 1751, 2623, 2647, 126, making a grand total of 22,310, including 295 patients found lunatic by inquisition.

The Commissioners point out that a military asylum is a desideratum, there being no provision for soldiers, while sailors were well cared for at Haslar Hospital.

The following particulars will show at a glance the provision made at this period for the insane in England and Wales:—

1. Boroughs having asylums: Birmingham, Bristol (in St. Peter's Hospital), Hull.

2. Boroughs erecting or about to erect asylums: Maidstone, Bristol, City of London.

3. Boroughs in union with counties: Cambridge, Colchester, Maldon, Gloucester, Leicester, Grantham, Lincoln, Stamford, Hereford, Nottingham, Abingdon, Oxford, Reading, Shrewsbury, Wenlock, Worcester.

4. Boroughs whose pauper lunatics are sent to asylums under contract or arrangements between justices, etc.:

Plymouth, Chichester, Portsmouth, Southampton, Devizes, Salisbury, Chester, Derby, Barnstaple, Bideford, Dartmouth, Exeter, South Molton, Tiverton, Tewkesbury, Bridgewater, Bridgnorth, Ludlow, Penzance, Poole, Winchester, Newark, Oswestry, Bath, Lichfield, Scarborough.

5. Boroughs which have not made any statutory provision for the care of their pauper lunatics: Bedford, Newbury, Buckingham, Carmarthen, Andover, Canterbury, Dover, Hythe, Rochester, Sandwich, Tenterden, King's Lynn, Norwich, Thetford, Yarmouth, Northampton, Berwick-upon-Tweed, Newcastle-upon-Tyne, New Radnor, Bury St. Edmunds, Ipswich, Guildford, Hastings, York.

In 1862 the expense of pauper lunatics in asylums was thrown upon the common fund of the union, instead of on the particular parish. The effect was natural. Many patients were removed from workhouses to the county asylums, some of whom might well have remained there. There could be no objection to this, if the latter cost no more than the former; but seeing that where the one costs £200 per bed, the other would only cost £40, the effect is, from the point of view of the ratepayer, who usually objects to contribute to the formation of a free library, a very serious one.

Twenty years after the census of the insane made in 1844, and ten after the period to which the table given at p. 230 refers, we find the numbers as follow*:—

* Report of Commissioners in Lunacy, 1864.

GENERAL STATEMENT OF THE TOTAL NUMBER OF PERSONS ASCERTAINED TO BE INSANE IN ENGLAND AND WALES, JANUARY 1, 1864.

Where confined.	Private patients.			Paupers.			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
42 county and borough asylums	118	113	231	9,690	11,630	21,320	9,808	11,743	21,551
1 military and naval hospital	153	—	153	—	—	—	153	—	153
2 Bethlem and St. Luke's Hospitals	264	215	479	—	—	—	264	215	479
13 other public asylums	708	591	1,299	170	178	348	878	769	1,647
Licensed houses—									
37 metropolitan ...	831	649	1,480	253	589	842	1,084	1,238	2,322
65 provincial ...	987	698	1,685	256	192	448	1,243	890	2,133
Workhouses and elsewhere	—	—	—	8,125	8,126	16,251	8,125	8,126	16,251
Broadmoor ...	—	—	—	—	95	95	—	95	95
Total* ...	3,061	2,266	5,327	18,494	20,810	39,304	21,555	23,076	44,631

We must not pass by the year 1867 without recording that at this period a statute important in its bearing on the provision made for the insane poor of London was enacted. This was the Metropolitan Poor Act, which established what are known as the Metropolitan District Asylums for Imbeciles at Leavesden (Hertfordshire), Caterham (Surrey), Hampstead, and Clapton. Legally these institutions are classed under workhouses.

Much difference of opinion exists as to the wisdom of having separate institutions for the incurable. That there is great danger of overlooking the fact that some incurable patients require quite as much attention as the curable is certain; they may indeed, if neglected, be reduced to a more pitiable condition than the latter; but this does not prove that, under the present safe-

* Exclusive of 159 single patients.

guards provided by the legislature, there may not be a safe recourse to this mode of making provision for this class of the insane. At any rate, it is of interest to know what has been done in this direction during the last few years in England.

Asylums have been erected at Leavesden, near Watford, Herts; Caterham, Surrey; and Darenth, near Dartford, Kent, there being at Darenth both idiot schools and an institution for incurables.

These are the Metropolitan District Asylums.*

As the primary object in adopting this kind of accommodation is economy, it is important to present a clear statement of the finances, omitting shillings and pence.

Take Leavesden as the example, where the accommodation is for 2000 patients (M. 900, F. 1100). The land, which was purchased in 1867 and 1880, has cost £9401, the area being eighty-four acres. The laying out the grounds, etc., cost £3000; the cost of building and drainage (up to Michaelmas, 1878) was £121,674; the engineering works, fixtures, and fittings cost £16,162; the furniture, bedding, and clothing, £16,235; the architect's and surveyor's charges, and clerk of works, £5108; solicitor's charges, printing, insurances, and all other charges, £1526; the total being £173,118, or £86† per bed. Taking out the items of furniture, bedding, and clothing, we have the sum of £77 per bed. How striking the difference when compared with the expense

* Office of the Board, 37, Norfolk Street, Strand.

† Caterham cost a little more, viz. £89 a bed.

of an ordinary county asylum, the reader who has examined the figures given at page 166 will readily perceive.

Let us now pass on to the year 1870. We find the Commissioners able to state, as the result of very minute and careful inspection, that the Reports of their members during the previous year showed, on the whole, that good progress continued to be made in the mode of managing "these large and daily increasing institutions," and they add, "although in some instances it has been our duty to comment on shortcomings and cases of neglect, we have generally been able to bear testimony to the skill and zeal evinced by the medical superintendents in the execution of their very grave and difficult duties."* On the other hand, they observe, "We regret that we shall have to describe several acts of violence committed by attendants in county asylums, which in three instances were followed by fatal results, but in only one of which, although careful inquiries were instituted, such evidence was obtained as would justify criminal proceedings."

The Report on the Liverpool Lunatic Hospital shows how far from satisfactory one, at least, of these institutions was at that time: "With few exceptions, the personal condition of the patients was found to be very indifferent, and indeed the reason alleged why the females in the lower wards were never on any occasion taken beyond the airing-court, was that they had no clothes fit to be seen in. The corresponding class of men was stated to be taken out as little as the women, and both were said

* Page 10.

to be rarely visited by any friends having an interest in them. The state of the furniture was discreditable in the extreme, and there was a general absence of tidiness throughout the hospital. The patients were, with few exceptions, quiet; not more than four or five of the better class of either sex were reported to have the opportunity of walking or driving out. . . . The seclusion in the fifteen months which had elapsed since the previous visit applied to five males on 62 occasions, and to 18 females on 132 occasions." *

The Commissioners speak of "the invariable success attendant on such hospitals as have been built during the last few years, and specially at Cheadle."

In regard to licensed houses within their jurisdiction, they were reported to be "generally, as to the condition and management of such houses, of a very satisfactory character;" while of the provincial houses they say, "The Reports, for the most part, have not been unfavourable as to their condition and management." †

In this Report the Commissioners comment on the operation of the Metropolitan Poor Act of 1867, which threw the maintenance of lunatics in asylums upon the common poor fund of the metropolis, and they observe that "it has induced the boards of guardians to relieve themselves of local charges, and this has greatly contributed to swell the removals from workhouses to asylums, notwithstanding that the patients have in large numbers been unable to be received nearer than in the county asylums of Northumberland, Yorkshire, Stafford-

* Page 35. † Page 43.

shire, and Somersetshire, and although the rate of maintenance has ranged from 14*s.* to 17*s.* 6*d.* per week."

As the cost of lunatics is so important a question, it may here be stated that the total weekly cost per head in 1870 averaged in the county asylums 9*s.* 3*d.*, including maintenance, medicine, clothing, and care. Under the maintenance account were comprised furniture and bedding, garden and farm, and miscellaneous expenses. The other items were provisions, clothing, salaries and wages, fuel, light and washing, surgery and dispensary, wine, tea. In this estimate was reckoned the deduction for moneys received for produce sold, exclusive of those consumed in the asylum.

The weekly cost in the following registered hospitals was as follows:—

	£	s.	d.
Coton Hill	1	7	1¼
Northampton	0	13	5¾
York Lunatic Hospital	0	18	0
York Retreat	1	1	2¾

It should be observed that Northampton was at this time essentially the pauper asylum for the county.

We have already referred to the paramount importance of reliable attendants. "Nothing is easier," the Commissioners observe, "for a man in such a position, with unrestricted and uncontrolled power over the habits and happiness of another, than to act cruelly without being cruel." So long ago as 1851 a check was given to the conduct of attendants by a decision of the courts in that year. An attendant had been convicted of

manslaughter on the evidence of a patient. This was appealed against, but the conviction was sustained. Lord Campbell laid it down that the only thing needful was for the patient to understand the nature of an oath and what he was saying. "But although this ruling has never since been disputed, the many subsequent attempts of the Commissioners to exact a rigid responsibility for acts of violence or cruelty in asylums have, through the indisposition of juries* to accept the evidence principally available for proofs in such cases, more frequently failed than succeeded." †

In each of the three previous years, proceedings had been taken against attendants, and with very limited success. In the beginning of 1870, however, a prosecution instituted by the magistrates of the Lancaster Asylum against two attendants for manslaughter on the evidence of a patient succeeded, and they were sentenced to seven years' penal servitude, a result which the Commissioners regarded as the most beneficial example within their experience. During the previous year, eighty-eight male attendants had been dismissed from service—fifty-three for drunkenness, insubordination, or neglect of duty, and thirty-five for assaults on patients; four only of these latter having had criminal prosecutions instituted against

* In the Commissioners' Report of 1871, p. 76, a case is reported in which the jury would not convict a woman who had the charge of a lunatic and admitted that "she strapped the patient once a month at the full of the moon," of ill-usage, although Mr. Justice Willes summed up strongly against her. In another case the Lunacy statute was disregarded, but Baron Martin summed up very leniently, much to the disapproval, not to say the disgust, of the Commissioners.

† Page 75.

them, and of the former not one. Of the number dismissed, fifteen were in licensed houses, three in public hospitals, and the remaining seventy in county asylums. During the same period thirty-four female attendants were dismissed, of whom twenty-four were employed in county asylums. Eleven had been guilty of violence or rough usage to patients, there having been no prosecution in any instance. The Commissioners justly observe that, while "there has been no greater work of mercy and humanity than that which rescued the lunatic patients from stripes and filth, or continued restraint and isolation, yet it will remain to some degree still imperfect until he is also rescued from the possible chance of being subjected to the unwatched or unchecked humours and caprices of ignorant, careless, or cruel attendants." *

A striking instance of the respective powers of the Committees of asylums and the Commissioners in Lunacy occurs in the Report of the latter for 1870. Death from broken ribs had taken place in a county asylum, and the Commissioners considered the cruelty of an attendant established. They reported inadequate supervision of the wards, as well as the attendants, in reply to which the committee of visitors asserted that they would not enter into any discussion on a subject upon which they considered themselves fully competent to determine how they should discharge their own duties. The Commissioners found that they had no alternative but to leave to the refractory committee the responsibility,

* Page 81.

which they had shown no unwillingness to assume, of the adoption or rejection of such recommendations. "The law which has required us to investigate and report as to matters affecting the management of county asylums, has invested us with no authority further to enforce our views." In the same way their authority was set at naught in an asylum where an idiot boy was found on the floor, strangled by a pocket-handkerchief, effected, there was every reason to believe, by one of the patients, and the Commissioners found that the deed could not have been perpetrated if attendants had been properly dispersed through the wards. The union authorities failed to get satisfaction from the committee, and the Secretary of State was memorialized by the guardians, who were backed up by the Commissioners, but in vain. Hence the Commissioners complained of "the limits thus placed to all real authority but that of the committee of visitors over establishments whose inmates are necessarily most at the mercy of attendants, and in which these cases of misconduct most frequently occur." *

We have alluded to this circumstance, not to indicate that at the present time the committees of asylums set themselves in opposition to the recommendations of the Commissioners, but our historical sketch demands, in justice to the latter, who are often supposed to have unlimited power, that it should be known that desirable reforms may not be carried out in our asylums, and yet the fault may not lie at the door of the Lunacy Commissioners. And it should be stated that recently Lord

* Page 77.

Shaftesbury has publicly expressed his individual opinion that it is better for the views and wishes of the Commissioners to appear in the form of recommendations rather than commands.

Three years later, the condition of county and borough asylums was, with few exceptions, satisfactory, and declared by the Commissioners to be very creditable to the governing bodies and superintendents. Improvements had taken place in many of these institutions, and there was found to be a more general recognition of the humanizing and beneficial influence of cheerful and well-furnished wards, on even the most degraded patients. "Those at one time considered to be fit only to be congregated together in the most dreary rooms of the asylum, with tables and benches fastened to the floor, and with nothing to interest or amuse them, are now in many asylums placed in wards as well furnished as those occupied by the more orderly patients, with birds, aquariums, plants, and flowers in them, and pictures on the walls; communicating also with such wards are now very generally to be found well-planted and well-kept airing-courts. The less strict classification of the patients is also advantageously followed in many asylums, and in them what are termed "refractory wards" are properly abolished. Where arrangements for this purpose have been judiciously made and carried out with energy, the best results have followed, in the way of an improved condition and more orderly demeanour of those disposed to be turbulent, whilst the comfort of

patients of a more tranquil character has not been prejudicially affected. The use of mechanical restraint in county and borough asylums, unless for surgical reasons, such as to prevent patients removing dressings or applications to wounds or injuries, or during the forcible administration of food, is, with few exceptions, abolished. In thirty-eight of the fifty-four asylums visited during the past year, there was no record whatever of its employment. In the cases of twenty-two patients, distributed over ten asylums, it had been resorted to for the above-mentioned reasons, and in six asylums it had been used to counteract violent suicidal or destructive propensities ; the number of patients restrained for these latter reasons (exclusive of Colney Hatch and Wandsworth) having been one in the Macclesfield, nine in the Glamorgan, six in the Prestwich, and one in the Norwich Borough Asylum. In the Wandsworth Asylum it will be seen from the Report that, during a period of about sixteen months, thirty-three men and twelve women were recorded as having had their hands restrained by gloves for destructive propensities ; and four males and one female had worn restraint dresses at night, two on account of their suicidal tendencies, and one for violence. At the visit to Colney Hatch, a very dangerous male epileptic was found restrained by wrist-straps and a belt, and from the register it appeared that he had been thus constantly restrained during the day for a period of nine months. Ten other male patients were also recorded as having been restrained ; one having had his hands fastened, and the remainder having worn

gloves, altogether on two hundred and fifty-three occasions. . . . At the same visit nine men were found wearing special strong canvas dresses, besides others who were clothed in an exceptional manner."

The objections which for a long time have been felt to frequent resort to seclusion find expression in this Report. The Commissioners, without questioning the utility of seclusion in certain cases, stated their conviction that "in a remedial point of view its value has been much exaggerated, and that in many instances it is employed unnecessarily and to an injurious extent, and for periods which are quite unjustifiable." Patients regard it as a punishment; and attendants are apt to make it take the place of constant supervision. Its frequent use indicates defective asylum organization or management. The Report states that it is no longer employed at the Durham, Stafford, Brentwood, and Brookwood Asylums; and only rarely at the Wakefield, Oxford, Northumberland, Carmarthen, Chester, Dorset, Glamorgan, Leicester, Lincoln, and Norfolk County Asylums, and those for the boroughs of Ipswich and Leicester, and for the City of London.

Legislation has exercised a great and, as some think, questionable influence upon the relative proportion of the insane in workhouses and asylums. The feeling that originally induced the Commissioners in Lunacy to urge the transference of lunatics from workhouses to county asylums was, no doubt, a laudable one, and in a large number of instances most advantageous. The condition of the insane in workhouses, however, became

vastly improved, and it was impossible to deny that for many harmless chronic cases they were, to say the least, sufficiently comfortable in the workhouse. Then came the legislation of 1874,* by which four shillings a week were allowed for every pauper lunatic in any asylum or licensed house, being reimbursed to the unions and parishes from which the patient was sent. Hence the strong inducement, in some counties at least, for it certainly does not hold good in all, to transfer lunatics detained in workhouses to the asylums, even when no occasion whatever arises out of the mental condition of the patient to justify such transference. The Commissioners themselves have recognized the difficulty and disadvantage of the operation of this legislation, and say in their twenty-ninth Report, 1875, that while this Act "may be beneficial in promoting the removal to asylums of a certain number of patients requiring such treatment, and who might possibly otherwise be deprived of it . . . it remains to be seen whether the alteration in the incidents of the maintenance charged, will not also have the effect of causing unnecessarily the transfer to asylums of chronic cases, such as might be properly cared for in workhouses, thus rendering necessary, on the part of counties and boroughs, a still larger outlay than heretofore in providing additional asylum accommodation. The returns for the 1st of January last tend to show that such results are not unlikely to accompany the working of this new financial arrangement."† The Irish inspectors in their report for 1875 calculate that the

* See page 196. † Page 20.

members of the Committee. The private apartments form part of the same building, but the inmates do not associate with the paupers. The total accommodation was two hundred, and there was a great outcry at the building of such a large place. About fifteen years ago, two wings were added, each to hold one hundred beds, and last year an additional one of one hundred and thirty beds.

It appears that many of the first patients received at the Denbigh Asylum had been most cruelly treated at their own home, or where placed with strangers; some being kept tied and in seclusion for years, and shamefully neglected. The following is an extract from the first Medical Report:—"In the case of one man, who was goaded by unkind and harsh treatment into a state of ferocious mania (and who was brought into the asylum manacled so cruelly that he will bear the marks of the handcuffs while he lives), it is most gratifying to be enabled to state that he gradually became confiding and tractable, and he is now as harmless as any patient in the house. In another instance, a poor young creature, who before her admission was tied down to her bed for months, quickly discovered the difference between the treatment she had previously been subject to and the kindness and freedom she experienced at the asylum, and very soon gained confidence in those about her, and rapidly recovered. Soon after her discharge from the asylum, she wrote to the matron, to request to be taken back as a servant, and she is now an excellent assistant in the wards, and a general favourite with the patients.

We have the satisfaction of stating that we have never been obliged to resort to any mechanical restraint, beyond temporary seclusion in a padded room, etc." Complaints occur in the earlier reports of the disinclination either of friends or of the poor law authorities to send in patients before they become unmanageable, and many of those admitted arrived secured by handcuffs or tied down in carts."

Take another extract from the Report for 1851. "We were requested to turn into a respectable farmhouse, and upon going upstairs we were horrified to find the farmer's wife with her hands secured, and a large cart-rope tied round her body to keep her in bed. The room was filthy. We found she had been in this state for nine months, and no proper remedial measures taken. Surely some protection should be thrown over such a sufferer!"

Again, in the Report for 1853: "One most atrocious case of an opposite kind of treatment has fallen within our notice during the year. It is most deplorable to contemplate, after the repeated generous efforts made by the press, both Welsh and English, to diffuse useful knowledge upon the subject of insanity, that in a Christian country, and in a populous district, and with the knowledge of most of the neighbouring inhabitants, a fellow-creature should have been permitted to be chained by both his legs in a miserable shed for seven long years. The case is so painfully interesting, that we will add to this Report the document which was sent to the Lord Chancellor, who, at the instigation of the

Commissioners in Lunacy, issued an order for visiting the poor sufferer. The Commissioners, with laudable alacrity, ordered a prosecution to be instituted, and the principal offender was tried at the Carnarvonshire assizes, convicted, and sentenced to be imprisoned. . . . What renders the conduct of the friends of Evan Roberts more inexcusable is the fact of his having been perfectly sane when visited, and having remained so ever since.

Denbigh, June 16, 1853.

"SIR,

"In obedience to the order of the Lord Chancellor, etc., I have to report that I found Evan Roberts in a small shed, six feet wide and nine feet four inches long, which had been built for the purpose. The room had a small skylight in the roof, and a window about a foot and a half square in the gable, just above the bed, which admits of being partially opened, but which was closed at the time of my visit, and, as he (Evan Roberts) stated, was seldom opened. The room felt very close and damp. There was no fireplace, or any other means of ventilation except the door and window. The approach to the room was through a sort of scullery, and very dark and obscure. Evan Roberts was lying on a chaff bed on a wooden bedstead, to which both his legs were chained, by fetters fastened and riveted, just above his ankles. . . . The appearance of the poor man was pale and pasty, like a plant long deprived of air and solar influence. His bodily health is tolerably good, and his condition rather inclined to be fat and stout; he said his appetite was good, and that he was not stinted in his food, such as it was. During a lengthened interview, and a very close examination, I failed to discover the existence of any hallucination or delusion of any kind; on the contrary, he was very sensible and intelligent. . . .

"I collected from his mother and sister that Evan Roberts was forty-eight years of age; that he had been liable to periodical mania for twenty-seven years, and which the mother attributed to some injury to his head, received in a rural affray; that at first the maniacal paroxysms were unfrequent, but that they had become more violent and frequent as he advanced in life. About seven years ago, his violence became so great, that he threatened to murder his father and brother; and it was at that time that he was first chained to the bed. This restraint has never been relaxed, although both mother and sister admitted that he was perfectly sane and harmless for many weeks and months continuously. For the first

five years he was confined upstairs, and it was only about two years ago that he was carried into the shed he now occupies. . . . Finding that the poor fellow was awed by the presence of his mother and sister, I requested them to retire, as I wished to examine the alleged lunatic free from their presence and interference. The mother for some time refused to comply with my request; but upon being told that I would report her refusal, she very doggedly complied. The poor man then became less reserved; he complained bitterly of the state in which the room had long been suffered to remain. . . .

"The poor man complained that the chaff in his bed was never changed, or even shaken, except once, since his confinement in the shed; and from the dampness of the room, and the warmth of his body, it had become rotten, and like a wet sod. . . .

"R. LLOYD WILLIAMS.

"R. W. S. Lutwidge, Esq."

"The Commissioners in Lunacy applied to the Lord Chancellor for an order to visit the farmer's wife mentioned in one of our former reports as having been tied to her bed by a cart rope and her hands secured by a muff. She was accordingly visited, and a report upon her case sent to the Commissioners, who directed an inquiry to be made with a view to her removal to an asylum. The family obtained information of this investigation, and considerable amendment in the treatment of the lunatic took place before the justices and the medical officer appointed to visit her arrived, and no order for her removal was made. We have reason to know that the poor creature is still under restraint, and her hands secured; she is strapped to a chair, which is fastened to the leg of a strong table."

We pass now to 1879, in order that we may consider the changes which had taken place during the quinquennium succeeding the year in which we have given a return of the number of insane in England and Wales,

and their distribution. The following figures are derived from the thirty-third Report of the Lunacy Commissioners, and exhibit the total number of registered lunatics, idiots, and persons of unsound mind on the 1st of January, 1879:—In county and borough asylums, 38,871; naval and military hospitals and Royal India Asylum, 342; Bethlem and St. Luke's Hospitals, 430; other public asylums, 2407; metropolitan licensed houses, 2664; provincial, 2049; Broadmoor, 483; workhouses (ordinary), 11,697; metropolitan district asylums, 4308; outdoor paupers, 6230; private single patients, 472; total, 69,885; exclusive of 202 Chancery lunatics in the charge of committees.

On the next page will be found the general distribution and numbers of the insane, January 1, 1881. A more detailed statement will be given, in the Appendix (K 1.), of the county asylums and lunatic hospitals now existing for the care and cure of the insane, with the numbers confined therein.

On the 1st of January, 1881, the proportion per cent. maintained in asylums, hospitals, and licensed houses was 64·91; in workhouses, 25.72; and as outdoor paupers, 9·37.

As some of the tables of the Commissioners extend back twenty-three years, exhibiting the number, sex, classification, and distribution of all registered lunatics, January 1, 1859–1881, as also the ratio of the total insane to the total population, we may derive much valuable information for the purpose of our historical review.

Thus there were in England and Wales:—

Location.	Patients. 1859.	Patients. 1881.
In county and borough asylums...	15,844	41,355
In registered hospitals ...	1,855	2,948
In metropolitan private asylums	2,551	2,511
In provincial ,, ,,	2,465	2,115
In naval and military hospitals and Royal India Asylum ...	164	307
In Broadmoor Asylum for criminal lunatics	Not opened till 1863	491
In workhouses—		
Ordinary workhouses ...	7,963	12,093
Metropolitan district asylums	Not opened till 1870	4,718
Residing with relatives or others (pauper and private) ...	5,920	6,575
Total ...	M. 16,756 / F. 20,006 } 36,762	M. 32,973 / F. 40,140 } 73,113

Of the 36,762 in 1859, 4980 were private and 31,782 pauper patients. Of the 73,113 in 1881, 7741 were private and 65,372 pauper patients. In 1859 the ratio of the total registered lunatics to the population (per 10,000) was 18·67, the ratio of private lunatics to population being 2·53, and of pauper lunatics to population 16·14. In 1881 the ratio of the total lunatics of the population was 28·34, the ratio of private lunatics to population being 3, and of pauper lunatics to population 25·34. These figures bring out very distinctly the fact that the great increase of lunatics during the period between 1859 and 1881 is among the poor. It must, however, be repeated that insanity itself brings with it pauperism to many who have once been independent and educated, but who fall, through the misfortune entailed by the malady, into the category of paupers.

An important table, introduced for the first time into the last Report of the Commissioners, shows the annual ratio of fresh admissions to the population; hence the transfers and the admissions into idiot asylums are excluded. The value of this table consists in this—that, although the gross admissions into asylums have increased, due in part to the capitation grant of four shillings introduced in 1874, the ratio of the yearly increase of the fresh admissions to the population has been slight, showing, as the Commissioners observe, that the total number of the insane under care during the twelve years embraced by the table is "mainly due to accumulation, and not to a greater annual production of insanity."* This table does not include workhouses.

Thus:—

Year.	Admissions.	Ratio per 10,000 of admissions to the population.	Year.	Admissions.	Ratio per 10,000 of admissions to the population.
1869	10,472	4·71	1875	12,442	5·19
1870	10,219	4·54	1876	12,857	5·30
1871	10,528	4·62	1877	12,969	5·28
1872	10,604	4·59	1878	13,343	5·36
1873	11,212	4·80	1879	13,101	5·20
1874	11,912	5·03	1880	13,240	5·19

It would thus appear that in 1880 scarcely one patient more per 20,000 persons in England and Wales was freshly admitted into asylums, etc. Had there been no increase at all, after allowing for increase of population, the number admitted in 1880 would have been 12,011. It was, in fact, 13,240, *i.e.* 1229 more.

* Report, page 3.

Taking the actual number of the insane in detention during the same years shows a very different result, for accumulation is here included, and swells the returns.

Thus :—

Year.	Under care.	Ratio per 10,000 of number in detention to the population.	Year.	Under care.	Ratio per 10,000 of number in detention to the population.
1869	53,177	23·93	1875	63,793	26·64
1870	54,713	24·31	1876	64,916	26·78
1871	56,755	24·91	1877	66,636	27·14
1872	58,640	25·42	1878	68,538	27·57
1873	60,296	25·82	1879	69,885	27·77
1874	62,027	26·23	1880	71,191	27·94

In other words, there were eight more patients under care for every 20,000 of the population in 1880 than in 1869. Had there been no increase in the number in detention, after allowing for increase of population, the number in 1880 would have been 53,177. It was, in fact, 71,191, *i.e.* 18,014 more.

We have now traced step by step the remarkable progress effected in the asylum care of our lunacy population. In concluding this chapter I would, however, observe that it would be a grave and mischievous mistake to suppose that, most valuable as is the provision for the insane by asylums, there are not many cases which may be treated outside these institutions with the greatest advantage. Some patients are best cared for in their own homes, others in lodgings, and others in the houses of medical men. The extent to which non-asylum treatment can be carried out will be seen when we speak

of Chancery patients. It will be observed that the number of single private patients is 448.

In regard to the location of pauper lunatics in private dwellings, it appears that while in England 6799, or 9·29 per cent., of their number live with their relatives or are boarded in private dwellings, nearly fifteen per cent. of insane paupers in Scotland are in private dwellings, inspected by the Lunacy Board.

Dr. Lockhart Robertson has expressed the opinion that "the utmost limits within which the county asylum can benefit, or is needed for the treatment of the insane poor, is fifty per cent. of their number, and that a further accumulation of lunatics there serve no practical purpose, and hence is an unjustifiable waste of public money." * After pointing out the success of the metropolitan district asylums at Leavesden and Caterham, where upwards of four thousand chronic lunatics are maintained at the rate of seven shillings a week, he expresses his opinion that, if these arrangements were properly carried out, another fourteen per cent., or forty per cent. of the incurable and harmless pauper lunatics and idiots, might be placed in workhouses; his ideal standard for the distribution of pauper lunatics being—in county asylums, fifty per cent.; in workhouse wards, forty per cent.; leaving ten per cent. for care in private dwellings.

The number of beds in county and borough asylums amounts to 40,000, varying from 2000 to 250; the average cost per bed having been somewhat under £200,

* See Address at International Medical Congress, *Journal of Mental Science*, January, 1882.

and the weekly maintenance and clothing of each patient 9*s.* 9¼*d.* If to this be added the interest on the cost of construction and asylum repair, the annual cost for each pauper lunatic in county asylums amounts to about £40.

The number of patients discharged cured, in county and borough asylums during the ten years 1871–1880, was 40·32 per cent. on the admissions, and the mortality 10·46 on the mean number resident.

The number of beds in registered lunatic hospitals (about 3000) ranges from 60 to 570, or, excluding idiot asylums, to 300, while the average weekly cost ranges from 14*s.* to £2 2*s.* The charges on the buildings are not included. For these Dr. Robertson adds five shillings a week, making the average weekly cost of mantenance £1 10*s.* or, including asylum construction and repairs, £1 15*s.*

The distribution of private patients, numbering 7741, was as follows on the 1st of January, 1881 :—In registered hospitals, 2800, or 36·17 per cent.; in county asylums, 539, or 6·96 per cent.; in State asylums, 534, or 6·88 per cent.; in private asylums, 3420, or 44·17 per cent.; in private dwellings, 448, or 5·78 per cent.

The registered hospitals have, therefore, thirty-six per cent. of all the private patients, an important fact in looking to the future provision for this class in lieu of private asylums. Their statistics of recovery and mortality are satisfactory. The recoveries per cent. calculated on the admissions were 46·48 per cent. during the ten years 1871–1880; the annual mortality being 7·06 per cent.

As regards private asylums, there were forty-four per cent. of the private patients in England and Wales cared for in these establishments. The recoveries per cent. in private asylums during the decennial period 1871–1880 were—in the metropolitan division 31·43, and in the provincial 35·11; the annual mortality being, in the metropolitan private asylums 10·93, and in the provincial asylums 8·63. It should be remembered, in contrasting these figures with those of registered hospitals, that a considerable number of pauper patients are still sent to private houses, and it may therefore be said that, so far as difference in social position affects recovery and death, the comparison is not altogether fair. At the same time, it is noteworthy that in the pauper asylums, the percentage of recovery is higher than in the metropolitan and provincial private asylums, and the percentage of mortality lower than in the licensed houses of the metropolis.

Numerous general considerations arise from a retrospect of the history which this and the preceding chapter contain, but they will more fitly form a part of a subsequent chapter of this volume, when a sketch of the results achieved by Psychological Medicine will be given, as presented in the author's Presidential Address at University College.

CHAPTER VI.

OUR CRIMINAL LUNATICS—BROADMOOR.

No one at the present day is likely to underrate the importance and interest of the subject of this chapter.

An Act was passed in regard to criminal lunatics in the year 1800 (39 and 40 Geo. III., c. 94). It was partially repealed in 1838 (1 and 2 Vict., c. 14); that is to say, so far as the former authorized magistrates to commit to jails or houses of correction, persons apprehended under circumstances denoting derangement of mind and the purpose of committing a crime. The Act of 1838 made other provisions for the safe custody of such persons. Persons in custody under the repealed provision of the previous Act, or hereafter apprehended as insane or dangerous idiots, might be sent to a lunatic asylum, hospital, or licensed house; two justices of the place where such person is apprehended having called to their assistance a medical man, and having satisfied themselves that he is insane or a dangerous idiot; nothing, however, herein contained preventing the relations from taking lunatics under their own care.

This Act did not alter the laws relating to the dis-

charge of persons ceasing to be insane, or dangerous idiots, from any county asylum, hospital, or licensed house.

In 1840 an Act was passed (3 and 4 Vict., c. 54) "for making further Provision for the Confinement and Maintenance of Insane Prisoners."

It was enacted that if any person while in prison under sentence of death, transportation, or imprisonment, or under a charge of any offence, or for not finding bail, or in consequence of any summary conviction, or under any other civil process, shall appear to be insane, it shall be lawful for two justices to inquire, with the aid of two medical men, as to the insanity of such person; and if it be duly certified by such justices and medical men that he is insane, it shall be lawful for one of the principal Secretaries of State to direct his removal to such county asylum or other proper receptacle as the Secretary of State may judge proper, to remain under confinement until it shall be duly certified by two medical men to the Secretary of State that such person has become of sound mind; whereupon he is authorized, if such person remain subject to be continued in custody, to issue his warrant to the person in whose charge he may be, directing that he shall be removed to the prison from whence he has been taken, or if the period of imprisonment has expired, then he shall be discharged. It was also enacted that when a person charged with misdemeanors is acquitted on the plea of insanity, he shall be kept in strict custody during Her Majesty's pleasure, the jury being required to find specially whether such person was insane at the

time of the commission of such offence, and to declare whether such person was acquitted by them on account of such insanity.

The Earl of Shaftesbury introduced the subject of the provision for criminal lunatics in the House of Lords in 1852, and moved for an Address to Her Majesty on the expediency of establishing a State Asylum for the care and custody of those who are denominated criminal lunatics. He said that the subject had been never propounded before to them in a specific form, and the custody of these criminals had been a great bar to the improvement of public and private asylums. The Commissioners had already reported on these evils in 1849, 1850, and 1851. The Government alone had refused assistance. Having pointed out the four classes into which they are divided, he stated that the statutes by which they were confined were three in number, namely, 39 and 40 Geo. III., c. 94; 1 and 2 Vict., c. 14; 3 and 4 Vict., c. 54.

He directed attention to a fifth class, those affected with some derangement of mind, who, unless restrained, were in danger of committing offences. Under the last-named Act, they were treated as criminals. Formerly any magistrate could commit them to jail, or other place for safe custody under 39 and 40 Geo. III.; but by the Act of 3 and 4 Vict. their condition had been somewhat alleviated, inasmuch as it required that two justices of the peace should commit the parties, under medical advice, and that they should not be sent to jail, but to an asylum or licensed house. None of these parties

except those who had been committed by the justices could be again discharged unless by authority of the Secretary of State.

It appears that there were then 439 criminal lunatics in England and Wales (360 males, 79 females); 138 for offences against life, 188 for offences against property and person, short of attempts to murder, 40 for misdemeanor, 43 for want of sureties who had become afterwards insane, and 30 summarily convicted for minor offences. Of this number there were 103 in Bethlem Hospital, 59 in Fisherton House, Salisbury, and the remainder in various asylums. After adducing reasons for the non-association of criminal lunatics with ordinary patients, Lord Shaftesbury insisted that the most efficient remedy was a State asylum; and that this was confirmed by the success of Dundrum, Ireland.

In the course of his speech he eulogized the system of treatment—"the great and blessed glory of modern science"—adopted by Pinel in France, and by the York Retreat in England, adding, "*Oh, si sic omnia!* It has become the special pursuit of professors of this department of medicine in the three kingdoms. By the blessing of God it has achieved miracles. I have, perhaps, a right to say so, having officiated now as a Commissioner in Lunacy for more than twenty years, and witnessed the transition from the very depth of misery and neglect to the present height of comfort and ease. The filthy and formidable prison is converted into the cleanly and cheerful abode; the damp and gloomy court-yard is exchanged for healthy exercise and labour in the field

and garden. Visit the largest asylum, and you will no longer hear those frightful yells that at first terrified and always depressed the boldest hearts. Mechanical restraint is almost unknown; houses where many were chained during the day, and hundreds, I will assert, during the night, have hardly a strait waistcoat or a manacle in the whole establishment; and instead of the keeper with his whip and his bunch of leg-locks, you may see the clergyman or the schoolmaster engaged in their soothing and effective occupations."

The Earl of Derby promised the subject should not be lost sight of, and the motion was withdrawn. He said that our criminal lunatics were maintained at Bethlem at an annual cost of £34 per head, those at Fisherton House at £30, and throughout the country at £26 per head. A new asylum would cost £50,000, perhaps nearer £100,000, and he thought that the same discipline and separate treatment might be carried out just as well in a general as in a State asylum.

We pass on to the important Act of 1860 (23 and 24 Vict., c. 75), "to make Better Provision for the Custody and Care of Criminal Lunatics." After citing the Acts 39 and 40 Geo. III., c. 94; 3 and 4 Vict., c. 54; 5 and 6 Vict., c. 29; 6 and 7 Vict., c. 26—by the last two Acts of which the Secretary of the State was empowered to order any convict in Pentonville or Millbank prison becoming or found insane during confinement to be removed to such lunatic asylum as he might think proper—and stating in the preamble the expediency of making provision for the custody and care of criminal

lunatics in an asylum appropriated to that purpose, this statute enacted that it shall be lawful to provide an asylum for criminal lunatics, and for the Secretary of State to direct to be conveyed to such asylum any person for whose safe custody during her pleasure Her Majesty is authorized to give order, or whom the Secretary of State might direct to be removed to a lunatic asylum under any of the before-mentioned Acts, or any person sentenced to be kept in penal servitude who may be shown to the satisfaction of the Secretary of State to be insane or unfit from imbecility of mind for penal discipline; the Secretary of State being empowered to direct to be removed to such asylum any person who, under any previous order of Her Majesty or warrant of the Secretary of State, may have been placed in any asylum.

It was enacted that nothing in this statute should affect the authority of the Crown as to making other provision for the custody of a criminal lunatic, as before the Act was passed.

Other sections refer to the government and supervision of the asylum, the discharge of patients after their term of imprisonment has expired, and for the visitation of the asylum by the Commissioners in Lunacy.

From this Act sprang the asylum we proceed to describe.

Every one who reads the newspaper is familiar with the common expression occurring in the trials of prisoners who escape punishment on the ground of insanity, "To be detained during Her Majesty's pleasure;" but very

few would be able to answer the question, What becomes of these persons? Those who desire to know their destination may incline to accompany us to Broadmoor in Berkshire, about four miles from the Bracknell station on the South Western Railway, and thirty miles from London. This is the State Criminal Asylum for England and Wales, and was erected nineteen years ago (1863), in conformity with the Act passed in 1860, which, as we have seen, provided that criminal lunatics should be separately cared for by the State.

The site of the institution is well chosen, covers three hundred acres, and commands an extensive and uninterrupted view. The building is of red brick, with a chapel in the centre, and consists of three stories, with distinct additional blocks at the extreme end. It is built on the corridor plan, with day-rooms, and single and associated dormitories. The windows alone indicate, from outside, the character of the building, being protected by strong vertical iron bars. In some parts of the building, for the females, these bars do not extend to the whole height of the window, and escape would in such cases not be difficult. In other parts of this division, and throughout the male division, the windows are securely protected. In this and other ways the house is more secure than it was formerly. I find in regard to escapes that, from the opening of the asylum in 1863 up to the end of 1877, there have been not more than twenty-three. During the last three years there have been none. The majority were recaptured on the next or following day; one not till three months; and four were never discovered. Four

escaped from the airing-court; three while out with a walking party; and four from breaking the window-guard; while one escaped from his bedroom by making an aperture in the wall. An attendant connived at one patient's escape, was prosecuted, and convicted. I may add that prior to the opening of Broadmoor, the proportion of escapes of criminal lunatics detained in England elsewhere was much greater. The opening of Broadmoor has also affected the mortality of this class, having reduced it materially. Some probably regard this as an actual disadvantage; but whatever political economists may say, medical science only sanctions, as yet at least, the adoption of that course of hygiene and treatment which most conduces to the prolongation of human life.

There were, when I visited Broadmoor, 500 inmates —400 men and 100 women, or thereabouts. When we consider that of these unfortunate people, more than 300 have either murdered some one, or attempted to murder or maim some one, it may well cause reflection, alike sad and philosophical, on what a disordered brain may lead its possessor to do, what acts to commit. Ninety had killed their own children as well as, in some instances, the wife or husband; upwards of twenty, their wives; eight, their mothers; four, their fathers; and one, both parents. And another reflection may be made, to the credit of the institution, that no case of actual murder has occurred since it was opened, and that, taking the year before we write, good order was maintained, no premeditated act of violence was committed, and there was no suicide.

And yet no mechanical restraint was resorted to, no

fetters, no strait waistcoats, no leg-locks or straps. Some patients are, of course, secluded in a single room in which a bed made on the floor is the only furniture allowed, and in which the window is protected by a shutter if the patient breaks glass. The room is, when the shutter is closed, only partially dark, as there are two small windows near the ceiling, out of the patient's reach. By the side of the door is an inspection plate, or narrow slit in the wall, with a movable glazed frame, opening outwards, through which the occupant of the room can be observed when necessary. These rooms are well ventilated, and are warmed by means of hot water. I should not proceed further without stating that, in addition to the class of cases to which I referred in the beginning of this paper—those, viz., detained during Her Majesty's pleasure, including those certified to be insane while awaiting their trial, or found insane on arraignment, or acquitted on the ground of insanity, or reprieved on this ground immediately after their sentence—besides these there are convicts who become insane while undergoing their penal servitude. As a rule, however, male convicts of this class are no longer sent to Broadmoor; the superintendent * having discovered that it was necessary to keep insane convicts distinct from the other class, to secure their safe detention more completely and certainly; that is to say, to separate lunatic criminals from criminal lunatics, or, as they are usually called, "Queen's pleasure men"—a distinction sometimes really as important as that which exists between a horse-chestnut

* Dr. William Orange.

and a chestnut horse. It will be readily understood that the convicts—really criminals, and often desperate criminals, they are—may differ widely from those who in an access of insanity have committed a crime, and that men who leave prison discipline at Pentonville, or elsewhere, to enjoy the comparative comfort of asylum life at Broadmoor, are very likely either to sham madness in order to stay there, or escape in order to avoid having to complete, on recovery, their term of servitude. Anything better than *that*. In insisting on this distinct classification and accommodation, Dr. Orange did not, in the first instance, intend, I suppose, to prevent the convict class being provided for at Broadmoor; but having set the ball in motion, it went on and on; and instead of an additional building being erected for the convict men, a regulation was made in 1874 preventing their being sent in future to Broadmoor. For the women of this class there was and is ample room, an additional wing having been erected fifteen years ago.

Again, there is a reason, on the side of the prison authorities, why convicts when insane should not be sent to Broadmoor. They are naturally unwilling that the history of their previous treatment should be known and scrutinized at another place. Hence they greatly prefer retaining them in the prisons, or sending them to one in which provision has been specially made for insane convict men.

It will probably occur to some to ask whether many or any of those who are "Queen's pleasure men" (or women) are found to have been improperly acquitted

when subjected to the careful and prolonged medical scrutiny which a residence at Broadmoor allows of; whether, in short, mercy, based on medical knowledge, has mistakenly interfered with the proper action of justice and law? In this matter the doctors and the lawyers are frequently on opposite sides, and the former often find it hard work to rescue an insane prisoner from the clutches of the law. On the other hand, it may be admitted that, as regards some physicians at least, a juster view is sometimes as necessary as it is on the part of the lawyers. When absurd reasons are given in the witness-box for a prisoner's insanity—reasons which would equally establish the madness of many persons in society whom no one regards as insane—it is not surprising that the judges are cautious in admitting the plea of insanity on medical evidence. In seeking a reply to the above question, it is satisfactory to find that if the evidence of medical experts tends to induce juries to acquit on the ground of insanity those who are responsible agents and ought to be punished, there have only been a few scattered cases admitted which were "doubtful"—whether at Bethlem, when criminal lunatics were sent there, before Broadmoor existed, or at the latter, since it was opened. It is also a satisfaction to know that cases of this kind have not been more frequent of late than formerly; and this, although there has been in the present generation a marked increase in the number acquitted on the ground of insanity. Thus from 1836 to 1848, the ratio of the insane to the prisoners tried was only one in thirty-two; between 1848 and

1862 it was one in seventeen; and between 1862 and 1874 as many as one in fourteen.* It is surely much better that a man should occasionally escape the punishment he deserves, than that any should be punished who labour under mental disease. To show the difficulty of arriving at a conclusion as to the mental responsibility of persons charged with crime, I may mention the case of a schoolmaster who, not many years ago, used his cane on a boy in a very savage manner, pursued him under the table, and destroyed the sight of one eye. This man was sentenced to five years' penal servitude. He was, of course, under the notice of the surgeon of the prison to which he was sent, and was regarded by him as sane. The schoolmasters and pupil-teachers, however, took the case up, and agitated for further examination into the state of the man's mind. Dr. Orange was employed to examine him, and, thoroughly familiar with criminal lunatics, succeeded in discovering unmistakable proofs of insanity. In fact, he was so poorly the morning of the day he committed this assault, so uncomfortable in his head, and so irritable in mind, that he sent word to the school to say that he was too ill to attend to his duties. It was a school examination, however, and the authorities insisted upon his going. They therefore were mainly to blame for the circumstance which followed. This man was saved from punishment by Dr. Orange's representations, and subsequent observation confirmed the opinion he formed at the time, that he was not only irritable and suspicious, but was labouring

* *Journal of the Statistical Society*, vol. xxxviii. (Guy). Appendix K II.

under a delusion. He was a dangerous lunatic, in short, when he committed the offence.

In going through the wards I conversed with the superintendent on the main points of interest in connection with the management of the institution, and on some of the characteristics presented by those who are admitted.

I remarked on the low mortality which I knew obtained there. "Ah," said the doctor, laughing, "that goes against us, rather than for us. We are blamed for keeping the patients too well!" Since the opening of the asylum, the yearly average of death has been at the rate of 2·97 per cent. of the number resident. As to diet it is no doubt difficult to understand why this class should fare better, as they seem to do, than ordinary patients in the county asylums. In one particular, indeed, a change in the direction of economy has been made, and a very reasonable change it is. It is connected with an important question which arises, How far can the system of rewards for work be beneficially carried out?

It appears that until some ten years ago, the main reward for useful work was a luncheon of bread-and-cheese and beer in the forenoon, with another, though smaller, allowance of beer in the afternoon. Both these allowances of beer (which were additional to the dinner supply) were discontinued in 1875, and in lieu of them a small portion of the money value of the work done was credited to the workers, with permission to spend it on any trifling luxury they might desire. It was found that the executed value of the work in the shoemakers' shop

in 1876 was more than that done in 1873 (the year before this experiment was tried), by 160 per cent., whilst in the tailors' shop the increase was 120 per cent.; corresponding results being obtained in other departments. Hence, in spite of the gratuities to the patients so employed, the yearly cost has been considerably reduced. During one year the saving *in beer alone* amounted to £165, whilst the saving in paid labour was very much greater.

Financial considerations must be a very important practical point in the existence of Broadmoor. The State pays for it; an annual grant from the House of Commons must be asked for, and the Government must be prepared to show that the amount is not unreasonable. Now the weekly cost of the inmates is eighteen shiilings each. That of the inmates of our county asylums averages about half a guinea. It may therefore not unreasonably be asked, Why is this? What have the criminal lunatics done to deserve so much more money being lavished upon them? The chief reason is, that a greater proportion of attendants must be provided for this class, and that is costly. At Broadmoor the proportion of attendants to patients is one in five; in asylums generally, much less liberal, say one in eleven; besides which, they are paid better (as they ought to be) at Broadmoor. Ten years ago the cost per head was as high as twenty-three shillings a week.

A considerable number of the inmates are, as has been intimated, usefully employed. Thus, during the year, 167 men and women were occupied in one way or other, in addition to reading and writing, music,

etc. Eighty-six were employed in making and repairing clothing for patients, and bed and house linen for patients and attendants; 144 in cleaning the wards; 40 in the garden and on the farm; 29 in the laundry; 26 in making or repairing uniform clothing, boots and shoes, etc.; 17 in making and repairing furniture, mattresses, mats, carpets, etc. I went into one room where there was a printing-press, and a printer handed me the printed programme of a concert shortly to be held in the asylum. The total value of the labour of patients alone amounted, in 1881, to £2835.

In the carrying out of a system of labour so beneficial to the patient, and so useful to the institution, relaxation and amusement are not forgotten. The patients play at chess, draughts, billiards, bagatelle, etc.; and out-of-door games comprise bowls, cricket, and croquet. There is a library well supplied with papers and journals; and one patient was pointed out who himself contributes to a magazine. There is a band which includes seventeen patients, as well as some attendants, and enlivens the inmates twice in the course of the week.

This sounds very pleasant, but honesty requires us to give the other side of the picture, as portrayed in the words of Mr. Burt, the chaplain; and perhaps nothing serves better to show how much credit is due to the superintendent for the admirable management of an institution containing such elements as these. He said (some years ago) that although he had laboured in asylums and prisons for a long period, it had never fallen to his lot before to witness depravity and unhappiness in

such aggravated forms. "In other asylums, when the mind resumes anything like healthy action, there is hope of discharge; in prisons, the period of detention, however long, has some definite duration; but here the fear of relapse, and the terrible acts to which relapse may lead, render the condition of release rarely attainable; for many the period of detention is indefinite, and hope is almost excluded. In prison, whatever may be the depravity, it is kept under some restraint by reason and by fear of consequences; but here there are patients with passions depraved to the utmost, upon whom neither reason, nor shame, nor fear impose any restraint."

One Sunday, about fifteen years ago, during the Communion, and when the chaplain was in the middle of the Collect for the Queen, an event took place, the account of which I take from his own description. A patient with a sudden yell rushed at Dr. Meyer (then the superintendent), who was kneeling, surrounded by his family, close to the altar, and a deadly blow was struck at his head with a large stone slung in a handkerchief. The stone inflicted a serious injury, and the blow would have been fatal, if it had not been somewhat turned aside by the promptness with which the arm of the patient was seized by an attendant. A scene of so dreadful a character has very rarely been witnessed in a Christian church. Is it surprising that Mr. Burt cannot look back upon this occurrence without horror, and that he has never felt able to say the particular collect which was interrupted in so awful a manner?

Many are the moral lessons which might be enforced

from a knowledge of the cases admitted at Broadmoor, and their previous history. Among these the evil of gross ignorance might well be illustrated by such an example as this. Six years ago a farm labourer was tried in Warwickshire, for murdering a woman eighty years of age. He believed in witches and laboured under the delusion that this poor old creature, with others in the village, held him under the spell of witchcraft. Returning from his work one day, and carrying a pitchfork in his hand, he saw this woman. He immediately ran at her, struck her on the legs thrice, and then on the temple, till he knocked her down. From these injuries she died. Well, it was found that he had the delusion that he was tormented by witches, to which he attributed his bodily ailments, and was ever ready with Scripture quotations in favour of witchcraft. His mind, apart from delusions, was weak. The jury acquitted him on the ground of insanity, and he was admitted at Broadmoor in January, 1876.

One lesson there is which ought to be learnt from the history of many of the cases sent to Broadmoor, and that is the extreme importance of not disregarding the early symptoms of insanity. Had these been promptly recognized, and those who suffered from them been subjected to medical care and treatment, the acts they committed, the suffering they caused, the odium they brought upon themselves and their families, would alike have been prevented. The diffusion of a knowledge of the first indications of this insidious disease, and of what it may culminate in, is the only safeguard against the terrible acts which from time to time startle the community, and

which are found, when too late, to have been perpetrated by those who ought to have been under medical restraint.

Bearing immediately upon this, is the fact that there were recently, out of the cases of murder in Broadmoor, twenty-nine cases in which insanity had been recognized before the act was committed, but the persons were regarded as harmless, and thirty-three in which it was not regarded as harmless, but insufficient precautions were taken. In seventy-five cases no one had possessed sufficient knowledge to recognize it at all.

It must not be supposed that although the utility and success of Broadmoor are so great, all has been done in the way of protecting society which the necessity of the case requires. Far from it. There are a vast number of weak-minded persons at large, most dangerous to the community, some of whom have not yet been in prison, while others have. In 1869 there were in Millbank one hundred and forty weak-minded, and also twenty-five of an allied type, the "half sharp." Whether they have been imprisoned or not, they ought to be placed under supervision of some kind.

Two other practical suggestions. The number of instances in which life is sacrificed, and the still larger number of instances in which threats of injury or damage short of homicide, destroy family happiness, through the lunacy of one of its members, renders it highly desirable that greater facilities should exist for placing such persons under restraint (we do not refer now to imbeciles) before a dreadful act is committed, to say nothing of terminating

the frightful domestic unhappiness. In most of these cases there is but slight apparent intellectual disorder, although careful investigation would frequently discover a concealed delusion, and the greatest difficulty exists in obtaining a certificate of lunacy from two medical men. They shrink from the responsibility. Nothing is done. Prolonged misery or a terrible catastrophe is the result. To avoid this, there might be a power vested in the Commissioners in Lunacy to appoint, on application, two medical men, familiar with insanity, to examine a person under such circumstances. Their certificate that he or she ought to be placed under care should be a sufficient warrant for admission into an asylum, and they should not be liable to any legal consequences. It should not be necessary for the signers of the certificate to comply with the usual formalities. The Commissioners should have power to grant an application of this kind, whether made by a member of the family or by a respectable inhabitant of the place in which the alleged lunatic resides; his respectability, if necessary, being attested by the mayor.

The other suggestion has reference to the strange and clumsy way in which the English law goes to work to discover whether a man charged with crime and suspected to be insane is so in reality. It is a chance in the first place whether he is examined by a medical man at all. If he can afford counsel, and the plea of insanity is set up, medical testimony is adduced of a one-sided character, and, more likely than not, counter medical evidence is brought forward by the prosecution. Thus physicians enter the court as partisans, and being in a

false position, often present an unfortunate spectacle; while, worst of all, the truth is not elicited.

Then, it not unfrequently happens that after the trial the thing is done which should have been done previously; experts in insanity are employed to decide upon the prisoner's state of mind. The court should call such experts to their assistance at the trial, and, what is most important, ample time should be allowed to examine the suspected lunatic. In France the "Juge d'instruction" requests neutral experts to examine and report upon the accused, and I have recently been assured by physicians in Paris, with whom I have discussed this point, that the plan, on the whole, works well. Is it too much to hope that common sense will guide our own law-makers to introduce a similar practice? *

During the meeting of the International Medical Congress, 1881, a party of distinguished men from other lands visited Broadmoor, including MM. Foville and Motet, Professors Hitchcock, Ball, Tamburini, Dr. Müller, and Dr. Whitmer. We shall always remember the day with pleasure. One result was an interesting narrative of the visit by M. Motet of Paris. We met at "Waterloo," and it was gratifying to think of the different feelings under which representatives of the French and English assembled, from those experienced on the battle-field to which the station owes its name.

* For detailed account of the French law, which in some particulars may require greater safeguards, see article by the author, "Mental Experts and Criminal Responsibility," *Journal of Mental Science*, edited by Dr. D. Hack Tuke and Dr. George H. Savage, April, 1882. For more information respecting criminal lunatics, see Appendix L.

CHAPTER VII.

OUR CHANCERY LUNATICS.

OF the relations of lunatics to that Court which Dickens describes as having its decaying houses and its blighted lands in every shire, its worn-out lunatic in every mad-house, and its dead in every churchyard, we must briefly speak, and in many respects speak favourably. It may have been true that "the Court of Chancery gives to moneyed might the means abundantly of wearying out the right; so exhausts finances, patience, courage, hope; so overthrows the brain and breaks the heart; that there is not an honourable man among its practitioners who would not give—who does not often give—the warning, 'Suffer any wrong that can be done you, rather than come here!'" But whatever this "most pestilent of hoary sinners" may have been in the past, it has, through its Lord Chancellor's Visitors, performed its duty towards its "worn-out lunatics," not only "in every mad-house," but in many a home in which they enjoy as much liberty as possible, while the property of which they are incompetent to take charge. is carefully administered

by the Lord Chancellor. In his Address at the eighth section of the International Congress, Dr. Lockhart Robertson pointed out that 34·6 per cent. of the Chancery lunatics are treated in private dwellings. Hence 65·4 per cent. are in asylums—a striking contrast to 94 per cent. of private patients in asylums under the Lunacy Commissioners. Dr. Robertson concludes that some 30 per cent. of these are, therefore, in asylums needlessly, and hence wrongly. The fact is important, and will attract, it is to be hoped, more attention than hitherto, although I can hardly see that it follows that all these patients referred to are "wrongly confined," or would be better elsewhere. I would, however, reiterate what has been insisted upon in a former chapter, that, essential as asylums are, a large number of patients may be comfortably placed under other and less restrictive conditions.

By what steps we have arrived at our present, on the whole, satisfactory if incomplete, legislation for the protection of the property of the insane, is an inquiry by no means unprofitable and uninteresting, and I propose in a short chapter to trace them rapidly, with a brief reference to successive Acts of Parliament.*

It is needful to premise that Blackstone's definition of an idiot was "that he is one who hath had no understanding from his nativity, and therefore is by law presumed never likely to attain any." "He is not an idiot if he hath any glimmering of reason, so that he can

* Free use has been made of Shelford's "Law concerning Lunatics, etc.," and Elmer's "Practice in Lunacy," 1877.

tell his parents, his age, or the like common matters." From such a condition the law clearly distinguished the lunatic, or *non compos mentis*, who is "one who hath had understanding, but by disease, grief, or other accident hath lost the use of his reason." The lunatic was assumed to have lucid intervals, these depending frequently, it was supposed, upon the change of the moon. Others who became insane—or, as it was expressed, "under frenzies"—were also comprised under the term *non compos mentis*.

The law varied in accordance with these distinctions, the charge of the lunatic being intrusted to the king, and the custody of the idiot and his lands vested in the feudal lord, though eventually, in consequence of flagrant abuses, it was transferred to the Crown in the reign of Edward I. by an Act now lost, which was confirmed by Edward II., 1324. This marks the earliest Act extant (17 Edward II., c. 9) passed for the benefit of mentally affected persons. The words run:—"The king shall have the custody of the lands of natural fools, taking the profits of them without waste or destruction, and shall find them their necessaries, of whose fee soever the lands be holden. And after the death of such idiots he shall render them to the right heirs; so that by such idiots no alienation shall be made, nor shall their heirs be disinherited." *

* "Rex habet custodiam terrarum fatuorum naturalium, capiendo exitus earundem sine vasto et destructione et inveniet eis necessaria sua de cujus cumque fœdo terre ille fuerint; et post mortem eorum reddat eas (eam) rectis hæredibus ita quod nullatenus per eosdem fatuos alienentur vel (nec quod) eorum hæredes exheredentur."

The same Act legislates for lunatics—those who before time had had their wit and memory. "The king shall provide, when any happen to fail of his wit, as there are many having lucid intervals, that their lands and tenements shall be safely kept without waste and destruction, and that they and their household shall live and be maintained completely from the issues of the same; and the residue beyond their reasonable sustentation shall be kept to their use, to be delivered unto them when they recover their right mind; so that such lands and tenements shall in no wise within the time aforesaid be aliened; nor shall the king take anything to his own use. And if the party die in such estate, then the residue shall be distributed for his soul by the advice of the ordinary." *

The necessity had arisen in early times of deciding upon sufficient evidence whether a man were or were not an idiot, and the old common law required trial by jury. If twelve men found him to be a pure idiot, the profits of his lands and person were granted to some one by the Crown, having sufficient interest to obtain them. The king, of course, derived some revenue from this source.

* "Item habet providere (Rex providebit) quando aliquis qui prius habuit (habuerit) memoriam et intellectum non fuerit compos mentis suæ, sicut quidam sunt per lucida intervalla quod terre et tenementa eorumdem (ejusdem) salvo custodiantur sine vasto et destructione, et quod ipse et familia sua de exitibus eorundem vivant et sustineantur competenter; et residuum ultra sustentationem eorundem rationabilem custodiatur ad opus ipsorum liberandum eis (eisdem) quando memoriam recuperaverint. Ita quod predicte terre et tenementa infra prædictum tempus non nullatemus alienentur nec Rex de exitibus aliquid percipiat ad opus suum; et si obievit in tale statu tunc illud residuum distribuatur pro animâ per consilium ordinariorum (ordinarii)" (see Shelford, p. 624).

A common expression used long after the custom had died out, "begging a man for a fool," indicated the character of this unjust law. In James I.'s reign Parliament discussed the question of investing the custody of the idiot in his relations, allowing an equivalent to the Crown for its loss, but nothing was done. It is said * that this law was rarely abused, because of the comparative rarity of a jury finding a man a pure idiot, that is to say, one from his birth, the verdict generally involving *non compos mentis* only, and therefore reserving the property of the lunatic for himself entire until his recovery, and in the event of his death, for his heirs, in accordance with the statute of Edward II. already given.

Recurring to the appointment of a jury, in order to trace the course of legislation subsequently to the present time, it should be observed that the Lord Chancellor was petitioned to inquire into an alleged idiot or lunatic's condition, the petition being reported by affidavits; and if satisfied of the *primâ facie* evidence, he issued a writ *de idiotâ* or *lunatico inquirendo* to the escheator or sheriff of his county to try the case by jury. The form of this writ was various. It surmised that an idiot or fatuous person existed, one who had not sufficient power to govern himself, his lands, tenements, goods, or cattle, and ordered inquiry to be made whether such was really the fact, and if so, whether at another time; if the latter, at what time, and by what means; if there

* Blackstone, vol. i. p. 304 (edit. 1783).

were lucid intervals; and who was his next heir, and his age.*

In another form it is surmised that a certain person is so impotent and *non compos mentis* that he is unable to take care of himself or his goods, and inquiry is simply directed to the point whether he is an idiot and *non compos*, as asserted in the petition.†

And in another writ the escheator or sheriff is to inquire whether the person in regard to whom the writ is issued has been a pure idiot from his birth to the present time; whether through misfortune, or in any other manner, the patient afterwards fell into this infirmity; and if so, through what particular misfortune or other cause it happened, and at what age.‡

If a jury found a man to be an idiot, he had the right to appeal, and to appear in person or by deputy in the Court of Chancery, and pray to be examined there or before the king and his Council at Westminster. Should this fresh examination fail to prove him an idiot, the former verdict before the sheriff was declared void.

* "Fatuus et idiota existit, ita quod regimini sui ipsius terrarum, tenementorum, bonorum, et catallorum suorum non sufficit." "Si A. fatuus et idiota sit, sicut prædictum est, necne; et si sit, tunc utrum a nativitate suâ, aut ab alio tempore; et si ab alio tempore, tunc a quo tempore; qualiter et quomodo; et si lucidis gaudeat intervallis . . . et quis propinquoir hæres ejus sit, et cujus ætatis."

† "Quia A. idiota, et adio impotens ac mentis suæ non compos existit, quod regimini sui ipsius, terrarum, vel aliorum bonorum non sufficit." "Si idiota sit, et mentis suæ non compos, sicut prædictum est, necne."

‡ "A nativitatis suæ tempore semper hactenus purus idiotâ extiterit . . . an per infortunium vel alio modo in hujus modi infirmitatem postea inciderit; . . . an si per infortunium vel alio modo, tunc per quod infortunium, et qualiter, et quomodo, et cujus ætatis fuerit."

In more recent times three Commissioners appointed by the Lord Chancellor issued a writ *de lunatico inquirendo.* The jury found whether the person was or was not insane, and the Lord Chancellor received the verdict through the above Commissioners. In time this course was found inconvenient and cumbrous, and in the reign of William IV. (stat. 3 and 4, c. 36, s. 1), in the year 1833, the Lord Chancellor was authorized to cause commissions "to be addressed to any one or more persons to make inquisitions thereon, and return the same into the Court of Chancery, with the same power as was before possessed by three or more Commissioners in such Commission named." *

By stat. 5 and 6 Vict., c. 84, the Lord Chancellor was authorized to appoint two barristers called "the Commissioners in Lunacy," to whom all writs *de lunatico inquirendo* were to be addressed, and who should perform the duties then performed by Commissioners named in commissions in the writ. In 1845 the title was changed from Commissioners to "Masters in Lunacy" (8 and 9 Vict. c. 100). It was previously the practice to refer all matters connected with the person and estates of the lunatic, after he was found so under commission, to the ordinary Masters in Chancery. These were transferred to the new Masters in Lunacy. All inquisitions were still held before a jury.

It will be seen, then, that although formerly, when a person was found to be an idiot or a lunatic, he was placed under a committee appointed by the king, in the

* Shelford, p. 94.

course of time objection was taken to this course on account of the suspicion of partiality attaching to his appointment, and the king transferred his right to the Lord Chancellor.*

These Acts direct proceedings for a commission to be taken as follows:—The petition for a commission, duly supported by medical and other affidavits, is to be lodged with the Secretary of Lunatics, for the Lord Chancellor's inspection. If satisfactory and unopposed, the petition is endorsed and the commission issues. If a *caveat* is entered, liberty is given to attend and to oppose it, and the inquiry is held in the most convenient place. A jury of twenty-four persons is summoned to determine the case, by the sheriff, instructed by the Master in Lunacy. The jury and the Master being assembled, and the former sworn, the Master in Lunacy is to explain to the jury what they have to try; and if the person is found to be a lunatic, the time at which he became so, and whether he has lucid intervals. After counsel have been heard, and the alleged lunatic examined, the Master is to sum up, and the verdict, which must be concurred in by twelve, is then given.

The inquisition is now filled up and signed by the twelve jurymen, the Master annexing a duplicate copy to the commission; and they are endorsed with the words, "The execution of this commission appears by the inquisition hereunto annexed." †

Then, next in order of legislation comes the Act of 1853 (16 and 17 Vict., c. 70). Certain clauses in the

* Blackstone, vol. iii. p. 427. † Shelford, p. 122.

Act of 1842, by which the Lord Chancellor exercised jurisdiction on account of the expense involved in a commission, were repealed, having been found to work inconveniently. Under the new Act an inquisition was held, in unopposed cases, before a Master alone in by far the larger proportion of cases. A petition was to be presented by any relative, and in special cases by a stranger, supported by medical and other evidence, along with an affidavit of notice having been given to the lunatic, calling his attention to the provision of the Act under which he could demand a jury. If no such demand was made, the documents were to be submitted to the Lord Chancellor or the lords justices, who directed an inquiry, if they saw no reason for further evidence. If the demand, on the contrary, was made, the petition was to be set down for hearing in open court, when an inquiry was either ordered or dismissed; in the former case, before a jury or without one, at the court's discretion. In the event of the petition being unopposed, the order made by the Lord Chancellor for inquiry was to be directed to a Master in Lunacy, and conducted as nearly as possible as if there were a jury, the lunatic being seen in every case. Master Barlow has related one exception in which he could not see the lunatic (a lady) without breaking through the door; a solicitor appeared on her behalf, and Mr. Barlow tried to make him produce his client, but being told that serious risk of her jumping out of the window would be incurred, the attempt was wisely abandoned. When such an inquiry was completed and the commission

signed, the Master in Lunacy was to ascertain certain particulars, as the committees of the person and estate which the family proposed to appoint, the amount of the property, etc. A report was then to be made to the Lord Chancellor certifying these particulars. The Chancery Visitors were to undertake the supervision of the lunatic, these consisting of two medical men (as previously), a lawyer, and nominally the two Masters *ex officio*. The visitation was only annual. The salary of the medical and legal Visitors was not more than £500 per annum, as they were not, as now, obliged to relinquish practice.

Reference has been made in the fourth chapter to the important Select Committee of 1859–60. This Committee not only collected evidence in regard to "the Care and Treatment of Lunatics," but also in regard to the protection of their property. A mass of interesting evidence was given, including a statement of the working of the law at that time by Master Barlow. Proof was not wanting that some reforms were required, and the outcome of this inquiry was "The Lunacy Regulation Act" of 1862 (25 and 26 Vict., c. 86), a statute to be construed as part of "The Lunacy Regulation Act" of 1853, to which we have already referred.

The only novel points in the Act of 1862 which we shall mention here are these: That when the Lord Chancellor, entrusted under the previous Act, orders an inquiry before a jury, he may direct the trial to take place in one of the superior courts of common law at Westminster, the verdict having the same force as an

inquisition under a commission of lunacy returned into the Court of Chancery; that in an inquiry before a Master without a jury, it shall be lawful for the alleged lunatic, upon the hearing of any petition, to demand an inquiry by a jury, the demand having the same effect as if made by notice filed with the registrar in accordance with the previous Act; that the inquiry should be confined to the question whether the subject of the inquiry was at the time of such inquiry of unsound mind, and incapable of managing himself or his affairs, no evidence as to anything said or done by such person, or as to his demeanor or state of mind at any time more than two years before, being receivable as a proof of insanity, unless the judge or Master shall direct otherwise; that to save the property of lunatics, when of small amount, from ruinous expense, the Lord Chancellor, if satisfied by the report of a Master or the Commissioners in Lunacy or otherwise, that any person is of unsound mind and incapable of managing his affairs, may, when the lunatic does not oppose the application, and his property does not exceed £1000 in value or £50 per annum, apply it for his benefit in a summary manner without directing any inquiry under a commission of lunacy; that the Lord Chancellor may apply the property of persons acquitted on the ground of insanity for their benefit; that Chancery lunatics should be visited four times a year by one of the Visitors, the interval between such visits not exceeding four months, with the exception of those in public or private asylums or hospitals, who need not be visited oftener

than once a year; that the Visitor shall report once in six months to the Lord Chancellor the number of visits made, the number of patients seen, and the number of miles travelled; an annual report being made to Parliament thereof, together with a return of sums received for travelling or other expenses; that the sections of the former Act in regard to visitation being repealed, two medical and one legal Visitor shall be appointed, with salaries of £1500 each and a superannuation allowance.

In practice, it may be said that, in the first instance, the Court endeavours to satisfy itself that in the event of an inquiry, it is for the benefit of the alleged lunatic, and that there is a fair probability that the verdict will find him of unsound mind and incapable of managing himself or his affairs, by ordering him to be examined by a medical man, or by making a personal examination.

It seems strange that, notwithstanding these various Acts, and especially that of 1862, there should still be occasion for improvement in providing for the care of the property of insane persons. Yet so it is; and one of the Lord Chancellor's Visitors, Dr. Lockhart Robertson, has so recently as 1881 stated that "the important requisite of a cheap and speedy method of placing the property of lunatics under the guardianship of the Lord Chancellor has yet to be attained," and he quoted Master Barlow's evidence before the Dillwyn Committee of 1877: "I am a great advocate for a great reform in lunacy (Chancery) proceedings; I would facilitate the

business of the procedure in the office and shorten it in such a way as to reduce the costs." Various important suggestions will be found in the evidence given before the above Committee by the present Visitors and an ex-Visitor, Dr. Bucknill, who has also, in his brochure on "The Care of the Insane, and their Legal Control," advocated radical changes in the official management of the insane. In addition to the establishment of State asylums for the upper and middle classes, he proposes that two central lunacy authorities should administer the laws, severally relating to the rich and the poor. The present Board of Commissioners would cease to exist; the Lord Chancellor, under the Royal prerogative, would preside over the former—the non-pauper—and the Local Government Board would exercise authority over the entire pauper class. By this means the existing system, under which the Chancery lunatics are cared for, "rooted," as Dr. Bucknill points out, "in the foundations of the English constitution," would be greatly extended, and "the present entanglement of authorities, always costly and sometimes conflicting," would cease. It remains to be seen whether these proposals can or will be carried out, and if so, whether they will prove as beneficial in practice as they are doubtless attractively harmonious and symmetrical in theory.

It remains to add the number of Chancery lunatics in England and Wales at the present time, namely 992, who were thus distributed on January 1, 1881:—

Location.	M.	F.	Total.
County and borough asylums	22	10	32
Registered hospitals	102	66	168
Metropolitan licensed houses	123	119	242
Provincial ,, ,, ...	104	82	186
Naval and military and East India Asylums	2	—	2
Criminal asylums	3	—	3
Private single patients	55	80	135
	411	357	768
Residing in charge of their committees ...	—	—	224
Total ...			992

The percentages on the incomes of Chancery lunatics amounts to about £22,000, an amount which goes far to cover the cost, not only of the Masters and Registrar, but also the Visitors; viz. Masters in Lunacy, £12,805; Registrar, £2,216; Visitors, £8,317; total, £23,339.*

* See Appendix M.

CHAPTER VIII.

OUR IDIOTS AND IMBECILES.

ATTENTION has of late been freshly drawn to this unfortunate class. We propose in this chapter to give some particulars respecting their past history, their numbers, their location, and the claims, not yet sufficiently recognized, which they have upon the public and the State, with a few suggestions in regard to the legislation required to meet these claims.

The terms "idiots" and "imbeciles" are popularly employed with great vagueness, and the latter by even medical men in more senses than one.

Among the Greeks an idiot was a private, as opposed to a public or a professional person. He was unskilled, unlearned; and early English writers use it in this sense. Thus Wiclif translates 1 Cor. xiv. 16, "For if thou blessist in speyrit; who filleth the place of an *idiot*, hou schal he sae amen on thi blessyng." Chaucer similarly employs the word. It is easy to understand its gradual transition to the exclusive sense in which it has for long been employed.

It is not necessary to distinguish between idiocy and

imbecility (Lat., weakness, feebleness) further than this, that an idiot is at the very bottom of the scale of beings born with defective mental powers, while he who labours under imbecility or feeble mindedness is understood to be one much less completely deprived of power. Strictly speaking, these terms ought to be rigidly restricted to states of mind at birth, but this has been found to be practically inconvenient, if not impossible, because changes occurring in the brain in very early life impair the functions of that organ so completely as to induce the same helpless condition which is found in congenital cases. We dismiss now one distinction which has been drawn between idiocy and imbecility—that the former is, and that the latter is not, necessarily congenital; one arising from the supposition that infantile mental deficiency is less likely to be so grave an affection than that which has been present from the moment of existence. Besides, the term is constantly being applied in common parlance to those who, originally of sound mind, have in adult life lost their faculties.

It is most important that a clear distinction should be preserved between these adult cases and those which date from birth or childhood. The former are labouring under *dementia*, not *amentia*. They are demented persons, or, as they are called in our asylums, dements. They are not always, but they are for the most part, harmless lunatics. It is confusing to call them imbeciles, now that this term has become restricted by medical writers to those who are, or once were, feeble-minded children. There are, of course, all degrees of mental defect possible

at birth or in childhood, between that of the most degraded idiot and of a child who is said to be not very bright. With a large majority, however, something can be done to improve the mental condition, whereas with demented persons there is no ground for expecting improvement. The past history of the condition and treatment of idiots differs in some respects widely from that of the insane. Happily in many countries, especially in the East, they have been regarded as objects of special affection and care—as sacred beings possessing a certain weird, if not divine, element in their nature. Though helpless and involving much trouble, they do not exasperate or terrify their relations in the same way as the furious maniac. As a rule, they do not suggest the same exercise of force and use of fetters as the ordinary lunatic. Still, in many instances, no doubt, weak-minded and wayward children have been harshly treated and beaten.

But whether regarded as specially favoured by Heaven, or treated as stupid children, they were never subjected to any special training for education until recent times.

St. Vincent de Paul is regarded as the first who made any effort to train idiots. This was in the Priory of St. Lazarus. He failed, however, as was to be expected, to make much progress in the work. Itard followed, also a Frenchman. He strove to educate the celebrated idiot called the Savage of the Aveyron, and by doing so hoped to solve the problem of determining what might be the amount of intelligence and the nature of the ideas in a boy who from birth had lived entirely separate from

human beings. Although he regarded his effort as a failure, he no doubt exerted considerable influence in inducing others to make the same attempt with a more practical aim, and with a better understanding of the material upon which it was proposed to work. M. Belhomme published a work in 1824 on the subject of educating idiots. Four years later some were taught at the Bicêtre, and the school there became famous. Falret, in 1831, adopted the same course at the Salpêtrière, but we believe the school was not sustained for a long period. Another physician of Paris, Voisin, taking up the subject as an enthusiastic phrenologist, also worked hard at idiot-teaching. None, however, devoted themselves so fully, and for so long to this work as the late Dr. Seguin, who so long ago as 1839 published, with Esquirol, a pamphlet on idiocy, and has only recently passed away. For some years he taught idiots in Paris, and in 1846 published a work entitled "Traitement moral, Hygiène, et Education des Idiots." He resided for many years in New York, and made, while in America, valuable contributions to the literature of idiocy.

America has certainly not been behindhand in her efforts to raise the condition of idiots. In 1818 an attempt was made to instruct them at the Asylum for the Deaf and Dumb at Hartford. It is said they were taught to communicate by the sign language.

To George Sumner the credit is due of having called attention powerfully to the subject in 1845. He had recently visited Paris, and gave a description of the idiot schools there. Dr. Woodward and Dr. Backus shortly

after took up the question; the latter became in that year a senator of New York, and in 1846 introduced a Bill providing an idiot asylum or school. It was five years, however, before one was opened. This was at Albany, as an experiment; but it was eventually established at Syracuse, as the New York Asylum for Idiots. In 1855 a new building was erected in New York, the number provided for being 150. The first to superintend the institution was Dr. Hervey B. Wilbur. Accommodation was subsequently made for 225. In 1875 the average attendance at this school was 210; of these 180 were supported by the State, the remainder paying altogether or in part. The expenditure was 45,407 dollars; the cost per head for board and instruction being 200 dollars.

At the same period that New York took the initiative (1846), a commission was appointed by the Massachusetts Legislature to inquire into the condition of the idiot population of this state, and to report as to what was necessary to be done. The report being favourable to action, a wing in the Blind Institution at South Boston was appropriated to an idiot training school. This was in October, 1848. In 1850 this school underwent a transformation, being incorporated as the "Massachusetts School for Idiotic and Feeble-minded Youth," and placed under the charge of the well-known Dr. S. G. Howe, the instructor of Laura Bridgman. "We are happy to say," he observes in a report of this school, "that in its experience there have been hardly any so low as to be beyond the reach of some elevating influence, none, or

next to none, so fixed in their degradation as to be unrecoverable."

Dr. H. B. Wilbur states that no provision is made for a large proportion of idiots in America; the present training institutions being quite inadequate to the applications made. The consequence is that many are placed in jails or almshouses. Recommendations have been made that these custodian cases should have either special asylums provided for them, or separate departments connected with lunatic asylums or training idiot institutions. It is calculated that there must be fully 38,000 idiots in the United States.

It would be wrong to pass over Germany without stating that much persevering and successful work has been accomplished by Herr Sägert and others. We were more struck with the results he obtained, when we visited his school in Berlin in 1853, than with anything we witnessed elsewhere on the Continent.

In Switzerland there are training schools at Basle, Berne, Zurich, Lausanne (two), and Etvy. They provide for about eighty cases.*

In our own country † we believe we must signalize Bath as the first town in which a school, or rather a home, for idiots was opened. Established on a very small scale (only four cases in the first instance) by the Misses White in 1846, it has flourished to the present day.

* Particulars respecting Switzerland and Germany were obtained for the Charity Organization Committee by Drs. Ireland and Beach.

† It is due to the late Dr. Poole, of Montrose, to state that so early as 1819 he drew attention to the education of idiots in an article in the *Edinburgh Encyclopædia.*

Two years later, an idiot asylum was established at Park House, Highgate, whose founders, however, did not know of the home at Bath. It had its branch at Colchester, and eventually developed into the great institution at Earlswood, near Redhill, opened in 1855. The Earlswood report for the past year states that there are altogether 561 inmates, of whom 400 are supported gratuitously, and of the remainder upwards of 70 pay less than the actual cost of their maintenance. One of the inmates discharged in May had since held the situation of nurse in a family; another was becoming an expert shoemaker; and a former female inmate was employed as a teacher in an elementary school. Earlswood is under the efficient charge of Dr. Grabham. In connection with Earlswood, we ought to recognize the considerable influence which a continental institution exerted in helping to excite that interest in the education of idiots which, among other influences, induced the Rev. Andrew Reed, D.D., to urge the erection of a large building for the training of idiots. We refer to Dr. Guggenbühl's institution for cretins, on the Abendberg, near Interlachen, which undoubtedly did more good in this indirect way than by curing the cretins placed there. At any rate, there was a certain mystery connected with the work done at this school, which left an unsatisfactory impression on ourselves when we visited it in 1862, and which struck many others in the same way. At his death, in 1863, the institution was closed. Essex Hall, Colchester, in the first instance a branch of the Highgate Asylum, ultimately (1859) became the institution for the

eastern counties. Mr. Millard, who has devoted himself to the arduous work of training idiots for many years, is the superintendent, and had the original charge (with a matron) of the idiots when first placed at Park House, Highgate. The inmates number ninety-seven. In 1864 an institution was opened at Starcross, near Exeter, through the efforts of the Earl of Devon, for the idiotic class in the western counties. There are now eighty pupils there.

In the course of the same year the Northern Counties Asylum for Idiots and Imbeciles was established at Lancaster. Its origin is thus given by Dr. de Vitré, the chairman of the committee: "A member of the Society of Friends, with moderate pecuniary means, but possessing a large amount of Christian benevolence, offered to give the sum of £2000 for the purpose of erecting an asylum for idiots in Lancashire. The gift was a noble one and handsomely offered, but useless standing alone." Donations were consequently solicited, and they were obtained, the result being the establishment of the above institution, which now has 445 inmates, and is under the care of Dr. Shuttleworth.

Dorridge Grove Asylum, at Knowle, was opened in 1866, and, although on an exceedingly small scale, may be regarded as the institution for the central or midland counties. Its establishment in the first instance was due to Dr. Bell Fletcher and Mr. Kimbell.

We have now enumerated the institutions for idiots and imbeciles which are supported in part or altogether by charity. They were, no doubt, mainly intended, not

for the highest, nor yet for the very lowest class of society, but rather for the upper lower class and the lower middle class. This idea has, however, by no means been carried out in practice, for, in consequence of the State having failed to make provision for the education and training of idiots and imbeciles, charitable institutions have become disproportionately filled with persons of a different class from that for which they are properly designed, and the difficulty attending admission has acted as a barrier to the latter availing themselves of the provision intended for them.

There are six of these charitable or voluntary institutions in England and Wales, the number cared for being as follows :—

	Under 20 years of age.	Over 20 years of age.
Earlswood	295	266
Lancaster	370	75
Essex Hall	57	40
Star Cross	72	8
Bath	30	—
Knowle	45	—
	869	389

the total being 1258.

For the higher class, an admirable private institution has for some years been in operation at Normansfield, near Hampton Wick, under the care of Dr. and Mrs. Down, who were formerly at Earlswood. There are about one hundred inmates.

Lastly, for the pauper class in the metropolis a school for imbeciles has for some time been carried on, first at Clapton, and now at Darenth (Kent), under the superin-

tendence of Dr. Beach. The house will accommodate five hundred. It should be stated that this institution, as well as those at Caterham and Leavesden for incurable lunatics, originated in the Act 30 Vict. c. 6, and that these establishments are under the Metropolitan Asylums Board, subject to the Local Government Board. There are sixty members, of whom fifteen are nominated by the last-mentioned Board, the remainder being elected by the metropolitan unions.

Taking the numbers under training in these three divisions, the charitable or voluntary institutions, the private institution, and that for paupers, we find the total to be somewhat about eighteen hundred.

Scotland and Ireland have various institutions for idiots and imbeciles, which may be briefly enumerated. In the former an idiot school was established at Boldovan, near Dundee, in 1853. It was on the estate of Sir John Ogilvie. There are forty-seven inmates. In 1862 an institution was opened at Larbert, Stirlingshire, by a society formed for that object, called the "Scottish National Institution for the Education of Imbecile Children." Dr. Brodie, who now, we believe, has a private institution at Liberton, near Edinburgh, for ten pupils, was the first superintendent. It was superintended by Dr. Ireland from 1870 to 1881. In January, 1881, there were one hundred and twenty-four inmates.*

Thus only about a hundred and eighty idiots and imbeciles are in training institutions in Scotland.

* Dr. Ireland has now removed from Larbert to Preston Lodge, Prestonpans, near Edinburgh, and receives imbeciles into his house.

In Ireland the only institution for training idiots was founded in 1868, in consequence of Dr. Henry Stewart handing over his asylum at Lucan, together with a donation (payable under certain conditions) of £5000, to certain trustees. It is called the "Stewart Institution for the Training, Education, and Maintenance of Idiotic and Imbecile Children."

A large mansion at Palmerston, in the neighbourhood of Dublin, was in 1875, when we visited it, being adapted to the requirements of an asylum, and to it the idiots have been removed from Lucan. It was recently stated that in Ireland seventy per cent. of the idiots and imbeciles are at large, twenty-one per cent. in workhouses, and only seven per cent. in asylums.

We are now in a position to estimate the opportunities afforded in England for the systematic training of a class of unhappy beings, unable to help themselves and calling loudly for help from both men of science, philanthropists, and legislators. Let us see how far these opportunities meet the want, and what becomes of those idiots and imbeciles for whom no distinct provision is made. Unfortunately, the statistics of idiocy are very imperfect, partly owing to the reluctance of their relatives to acknowledge such a defect in the family, and partly from there being no distinction made in the annual Report of the Lunacy Commissioners between idiots and lunatics.

Taking, however, the census of 1871, in which a return of idiots was made, as the basis, we find the number in England and Wales to be at that time 29,452. Inquiry of the parents of known idiots has so often resulted in

the discovery that they had not been returned, that it has been considered fair to add one-fourth to the above figures, thus bringing them up to 36,815, of whom 14,162 would be under twenty years of age, and therefore suitable objects for training, and 22,653 twenty years old and upwards. To these should be added five per cent. for increase of population since 1871, making the numbers, respectively, 14,869 and 23,786, or a total of 38,655, or 1 to 616 of the population. Of these, then, 1147, or about three per cent., are in training schools provided by charity. The remainder are either at home, in lunatic asylums, workhouses, or boarded out. We have found it impossible to arrive at any satisfactory result in attempting to apportion them to these various allotments. We know, however, that the census of 1871 gives 3456 as the number in asylums, and 7976 as the number in workhouses, including in the term the metropolitan district asylums. This would leave, out of the number of idiots reported by the census, about 18,000 with their friends or boarded out, or 18,900 at the present time, in consequence of the increase of population. We have, however, but scant faith in the correctness of these relative amounts. All we really know is the number receiving definite teaching or training, and an approximation—nothing more—to the gross number of idiots and imbeciles in the land. The next point is to determine the number who belong to the class, already indicated, which we have to legislate and provide for—the poor and the class immediately above them. The wealthy can send their children to private institutions;

those who belong to an intermediate class to voluntary establishments, which would, in the event of the proposed legislation being carried into effect, be sufficient. It appears that about two-thirds of the idiots and imbeciles were chargeable to the poor rates, according to the census. Two-thirds of 38,655 yield 25,776. It is estimated that one-fifth of the remainder, that is to say 2176, may be added to comprise the class just above paupers and needing public help in the way proposed. Adding these figures together, we get in round numbers 28,000, for whom it is desirable for the State more or less to provide, in the way of training schools and custodial establishments. Those who are now in workhouses and in lunatic asylums would be removed from them, and so far would relieve the latter from their present crowded condition. This object would be still further gained if harmless lunatics, as proposed by the Charity Organization Committee, should be legislated for in the same way as idiots and imbeciles, and removed from asylums to separate institutions, as has been done at Caterham and Leavesden. The number of this class needing public administration is calculated at 7615.

Confining still our attention to England and Wales, where, as we have seen, voluntary effort has only succeeded in providing training schools for about three per cent. of the idiot and imbecile class, we desire to draw attention to the action taken by the Charity Organization Society of London, arising out of a consciousness of the inadequacy of this provision. In the summer of 1877 a sub-committee of this Society entered very fully into the

consideration of this subject in all its bearings, and continued week by week, for some months, to discuss the various questions which presented themselves. Sir Charles Trevelyan, who originated the inquiry, observed that "he had rarely, if ever, known a subject so completely threshed out."

The most important conclusions arrived at were—that a small proportion of idiots and imbeciles can be so far improved as to support themselves, that a larger proportion may be trained to do some useful work, and that the remainder can be rendered happier and not so burdensome to others. On inquiry, it was found that about two per cent. of the cases admitted at Earlswood were cured so as to be able to support themselves. At one period in the history of this institution, when certain very unfavourable classes were rejected, as many as ten per cent. were so trained and improved. That this should be the maximum proportion will surprise those who have been misled by the *ad captandum* statements sometimes put forward to the public, no doubt with laudable and benevolent motives. This amount of success, disheartening as it seems at first, is not to be despised; but the strength of an appeal, whether to the charitable public or to the State, to provide for the training of idiots, lies in elevating them to the highest level of which their organization admits, curing them of offensive habits, affording them some positive happiness, and shielding them from unkind and irritating treatment.

It is the judgment of the above-mentioned Committee that idiots ought to be treated distinctively from other

classes, whether the blind, or lunatics in asylums and workhouses, or children in schools, and that they should not be boarded out.

For those idiots and imbeciles who have been trained up to a certain point, beyond which it is impossible to advance them, suitable institutions or departments of institutions—adult custodial asylums—are suggested. Those idiots who are young, and can be taught, should be kept, as á general rule, distinct from adult idiots, in training schools. These two classes of institutions should be united, if possible, under the same superintendence.

The action to which we have already referred as having been taken by the Metropolitan Asylum Board, arising out of the Act of 1870, forms a useful experiment for the consideration and possible guidance of those engaged in endeavouring to provide for the training and custody of idiots and imbeciles, not in the metropolis alone, but the country.

After full discussion, the Charity Organization Committee resolved "that the arrangement which has been made for idiots, imbeciles, and harmless lunatics in the Metropolitan Asylum District is applicable in its main principles to the rest of England, viz. that they should be removed from workhouses and county lunatic asylums, and that young persons of those classes should be suitably educated and trained." Seeing that experience clearly proves that the voluntary principle is a failure, or at least wholly inadequate, for it only touches the fringe of the difficulty, it becomes absolutely necessary that the State should step in and supplement charitable effort.

The Acts at present in force are possibly sufficiently elastic to provide for the want, if there was a determination on the part of the authorities in the various counties to avail themselves of them; but it is quite certain that no steps will be taken to do so, unless a new Act makes a distinct and special provision for the education and training of the idiot classes.

It appeared just to the Committee that not only should the local rates provide, as they do at the present time, for the charge of this class, but that assistance should be granted out of the public revenue; the best mode for such assistance being in the form of advances for the buildings required on easy terms, liberal capitation grants for young people under training, and grants of less amount for adults.

It is obvious that an idiot, while under the process of education, is at least as much entitled to the capitation grant allowed by the Education Department as the school children of the non-idiotic class.

A certain sum would also be received from the families of some of the inmates of the training schools and custodial institutions. It is proposed that those families which, although able to pay their way under ordinary circumstances, could not possibly defray the entire cost, should pay according to their means. As in the case of the blind and the deaf and dumb, it is considered that the relief given to children should not be counted as parochial relief to their parents.

The question arose in the Committee whether those who are able to pay for the whole of their maintenance

should be admitted, but no definite opinion was arrived at; there being much to be said on both sides of the question. No doubt such a course might interfere with private institutions, and might in some instances lead to filling up the room of an asylum which ought to be occupied by the needier classes—a complaint frequently made (whether justly or unjustly) against the lunatic hospitals of America. At the same time, the principle of making the payments of the higher supplement those of the lower classes is a sound one, and has been found to answer in such institutions as the York Retreat. But those who have had most experience of the friends of idiots know that they are much less willing to pay handsomely for their training or care than they would be for an insane member of the family. The occurrence of insanity in a family, especially if manifesting itself in the form of outrageous violence or of suicide, alarms the relatives, and forces them to place the patient in an asylum at almost any cost. In the case of idiotic or imbecile children, they are easily secluded, or placed with some one willing to take charge of them, without necessitating the restraint of an asylum.

Idiot establishments, supported by the weekly payments of the rich, are not therefore proposed; and although there may be cases in which the cost of training and maintenance may be properly paid, this course would not be allowed to wealthy persons, who are really able to pay higher terms in a private asylum.

With regard to a very important aspect of the subject

—the governing bodies of these asylums for idiots—it is not proposed that they should be the same as in the case of county asylums, but that they should consist of representatives of the local magistrates, representatives of the local guardians, and, thirdly, of persons appointed by the Crown. Following the example of the Metropolitan Asylums Board, it is proposed to erect large institutions capable of accommodating not more than two thousand adults, and schools containing not more than five hundred children, that is to say, idiots and imbeciles up to twenty years of age.

In this large number of adults, however, is included the proposed provision for harmless lunatics, for whom it is desired to legislate at the same time. With these we are not concerned in the present chapter. It may be remembered, however, that by adopting the "block" system of construction of asylums, harmless lunatics can be placed with facility in one department, and adult idiots in another.

It is very desirable that these new institutions should be inspected, like other asylums, by the Commissioners in Lunacy; they should be inspected and reported upon to the Local Government Board.

Among the advantages likely to result from the adoption of the scheme thus briefly sketched out, may be mentioned that those institutions which, like Earlswood, have been founded by benevolent individuals for the middle class and the stratum beneath it, will have much more room for the class intended, and that the troublesome and expensive canvass, now become such

an intolerable nuisance, will in all probability be done away with.

The Act 16 and 17 Vict., c. 97, defines "lunatic" to include "every person being an idiot," and the second section obliges justices to provide accommodation for pauper lunatics. Section 30 of the same Act empowers justices to build additional asylums where necessary, and should they fail to do so, the Home Secretary, on the recommendation of the Commissioners, may enforce it. Further, the Act 25 and 26 Vict., c. 43, empowers boards of guardians to send pauper children to schools certified by the Local Government Board, and the word "school" is defined by section 10 to extend to any institution for the instruction of idiots. Lastly, the Act 31 and 32 Vict., c. 122, permits guardians, with the consent of the Local Government Board, to send an idiotic pauper to an asylum or establishment for the reception and relief of idiots maintained at the charge of the county rate or by public subscription.

These enactments, however, do not oblige the justices to provide training schools for idiots, or to make distinct provision for them and lunatics. They are, no doubt, permitted to do so, but the expense involved would be so great that it can hardly be expected such a course will be pursued, unless assisted by grants from the imperial exchequer. The permission to send idiots to idiot schools supported by the rates or by charity, amounts practically to nothing, because they are so few in number, and are crowded already.

Legislation, therefore, is required to substitute "shall"

for "may," and to lessen the burden which would fall upon the rates, if the right course for the good of the idiots and imbeciles is to be thoroughly carried out in England and Wales.

We cannot close this chapter without remarking on the satisfactory change of sentiment which has taken place in regard to this deplorable class. There may be times when, desiring to see "the survival of the fittest," we may be tempted to wish that idiots and imbeciles were stamped out of society. But, as Mr. Darwin has somewhere said, there is a compensation for the continued existence of so pitiable a population in our midst, in the circumstance that our sympathies are called forth on their behalf; a commentary on the precept that those who are strong should help the weak. The change in feeling above mentioned cannot be more strongly illustrated than by imagining for a moment that, at the present day, any leading divine should give utterance to the following sentiments uttered by the great German Reformer. "Idiots," says he, "are men in whom devils have established themselves, and all the physicians who heal these infirmities as though they proceeded from natural causes are ignorant blockheads, who know nothing about the power of the demon. Eight years ago, I myself saw a child of this kind which had no human parents, but had proceeded from the devil. He was twelve years of age, and in outward form exactly resembled ordinary children. . . . But if any one touched him, he yelled out like a mad creature, and with a peculiar sort of scream. I said to the

princes of Anhalt, with whom I was at the time, '*If I had the ordering of things here, I would have that child thrown into the Moldau, at the risk of being held its murderer.*' But the Elector of Saxony and the princes were not of my opinion in the matter."

ADDENDUM.

Mr. Millard has prepared the following tabular statement, which shows at a glance the information a reader is likely to require in recommending asylums for this unfortunate class.

ASYLUMS FOR IDIOTS AND IMBECILES.

Name and place.	Cases admitted.	How admitted.	Conditions, remarks, etc.
METROPOLITAN PAUPER ASYLUMS: Leavesden, Herts. Caterham, Surrey.	Adult idiots, imbeciles, and harmless lunatics.	Through the boards of guardians.	Residence in Middlesex.
Darenth, Dartford, Kent.	Youthful idiots and imbeciles.	Ditto.	Ditto.

VOLUNTARY INSTITUTIONS FOR IDIOTS AND IMBECILES.

ASYLUM FOR IDIOTS, Earlswood, Redhill, Surrey.	Idiots and imbeciles above the pauper class.	By votes of subscribers at half-yearly elections. By payments commencing at 50 guineas per annum, exclusive of clothing.	Election cases must be under 16 years of age and unable to pay 50 guineas per annum. There is a special election list for cases paying 15 guineas per annum. The term of election is for five years; afterwards cases may be re-elected, some for life. Cases admitted at high rates of payment have special privileges. Medical Superintendent, Dr. Grabham. Secretary, Mr. W. Nicholas. Office, 36 King William Street, London Bridge, E.C.
ROYAL ALBERT ASYLUM, Lancaster.	Idiots and imbeciles, both private and pauper cases, the latter not	Private cases by votes of subscribers, *without canvassing*; or at	Cases elected, or admitted upon payment at £21 per annum with £5 5s. per annum for clothing, and pauper cases, must belong to the seven northern counties, viz. Lancashire, Yorkshire, Cheshire, Westmoreland,

Name and place.	Cases admitted.	How admitted.	Conditions, remarks, etc.
	to exceed one-tenth of the whole number in the asylum.	reduced payment. Also, upon high rates of payment. Pauper cases through the boards of guardians, who obtain the Government allowance of 4s. per week towards the payment.	Cumberland, Durham, or Northumberland, and be hopeful of improvement. The term of election is for seven years. No canvassing allowed. The charge made for pauper cases is the sum charged for admission into the County Lunatic Asylum, with 3 guineas extra for clothing. Full payment cases are admitted at 50 guineas per annum and 10 guineas extra for clothing. Cases admitted at higher rates have special privileges. Medical Superintendent, Dr. Shuttleworth. Secretary, Mr. James Diggens, Lancaster.
EASTERN COUNTIES ASYLUM FOR IDIOTS AND IMBECILES, Colchester.	Idiots and imbeciles above the pauper class.	By votes of subscribers at half-yearly elections. By payments commencing at £50 per annum, exclusive of clothing.	Election cases must reside in Essex, Suffolk, Norfolk, or Cambridgeshire. The term of election is for five years. Cases may be re-elected, some for life. Charge for payment cases, admissible from any locality, £50 per annum and £10 for clothing. Cases admitted at higher rates have special privileges. Superintendent, Mr. W. Millard. Secretary, Mr. J. J. C. Turner. Offices of Asylum, Station Road, Colchester.
WESTERN COUNTIES IDIOT ASYLUM, Starcross, Exeter.	Idiots and imbeciles, both private and pauper cases.	By payments of 5s. or 10s. per week. Pauper cases 5s. per week, towards which 4s. per week is allowed by Government.	Private cases that are admitted at 5s. per week and pauper cases must belong to the counties of Devonshire, Dorsetshire, Cornwall, or Somersetshire. Cases are admitted also upon a higher rate than 10s. per week, and have special privileges. Superintendent and Secretary, Mr. W. Locke, Asylum, Starcross, Exeter.
MIDLAND COUNTIES IDIOT ASYLUM, Knowle, Birmingham.	Idiots and imbeciles belonging to the lower and higher middle classes.	By election with payment of £10 per annum. By reduced and full rates of payment.	Cases admitted by election with £10 per annum, or upon the reduced rate of payment, £27 per annum and £5 for clothing, must belong to the counties of Leicestershire, Shropshire, Staffordshire, Warwickshire, or Worcestershire. The full rate of payment is £54 per annum and £10 extra for clothing. Cases are also admitted at higher rates, with special privileges. Cases may be re-elected. Superintendent, Miss Stock. Secretary, Mr. W. G. Blatch, Knowle, Birmingham.
THE BATH INSTITUTION FOR FEEBLE-MINDED CHILDREN, 35, Belvedere, Bath.	Youthful idiots and imbeciles under 15 years of age.	By payment of £25 or £50 per annum, exclusive of clothing.	The ordinary rate of payment is £25 per annum, exclusive of clothing. Cases paying £50 per annum have special privileges. No medical certificates are required within seven days of admission, as needed for other asylums. Superintendent, Miss Heritage.

In two or three counties there are branch asylums connected with the county lunatic asylums, where pauper imbeciles and harmless lunatics are placed; but training schools for pauper idiots are not provided, except in Middlesex.

CHAPTER IX.

SCOTLAND.

OUR reference in a previous chapter to the singular superstitions connected with the treatment of the insane in Scotland, renders it unnecessary to do more than point out in this place the substratum of popular opinion and feeling, upon which the infusion of new ideas and a scientific system of treatment had to work. To some extent it was the same in other countries, but judging from the records of the past, as given or brought to light by writers like Heron, Dalyell, and Dr. Mitchell, no country ever exceeded Scotland in the grossness of its superstition and the unhappy consequences which flowed from it. When we include in this the horrible treatment of the insane, from the prevalent and for long inveterate belief in witchcraft, we cannot find language sufficiently strong to characterize the conduct of the people, from the highest to the lowest in the land, until this monstrous belief was expelled by the spread of knowledge, the influence of which on conduct and on law some do not sufficiently realize.

The lunatic and the witch of to-day might aptly exclaim—

"The good of ancient times let others state;
I think it lucky I was born so late."

As regards the property of the insane, the Scotch law, from a remote period, appears to have been that the ward and custody of it belonged to the prince as *pater patriæ*. In the beginning of the fourteenth century, the keeping and custody of persons of "furious mind," by a statute of Robert I., devolved upon their relatives, and, failing them, on the justiciar or sheriff of the county. The custody of "fatuous persons" is said to have been committed to the next agnate (nearest male relative on the father's side), while that of the "furious" was entrusted to the Crown, "as having the sole power of coercing with fetters." *

An Act passed in 1585, c. 18, in consequence of abuses in regard to the nominations of tutors-at-law, provided that the nearest agnate of the lunatic should be preferred to the office of tutor-at-law. The practice was originally to issue one brieve, applicable to both furiosity and fatuity. The statute just mentioned continues the *regula regulans*, as to the appointment of tutors-at-law for lunatics.

Passing over two centuries, I must observe that in 1792 Dr. Duncan (the physician mentioned at p. 122 of this work), then President of the Royal College of Physicians of Edinburgh, laid before that body a plan for establishing a lunatic asylum in the neighbourhood of Edinburgh. That plan, after due consideration, met

* These particulars are given in the Report of the Royal Lunacy Commission for Scotland, 1857, on the authority of Sir Thomas Craig.

with the unanimous approval of the Colleges of Physicians and Surgeons, and a subscription was at once set on foot to carry it into execution, nearly every Fellow of both Colleges contributing something. But enough money was not then raised to start the project in a practical way. Fourteen years afterwards, the attention of the legislature was directed to the provision for the insane in Scotland, when (in 1806) an Act (46 Geo. III., c. 156) was passed for appropriating certain balances arising from forfeited estates in that country to two objects, not apparently allied—the use of the British fisheries and the erecting a lunatic asylum in Edinburgh—ichthyology and psychology. The Act provided, among other clauses, that the Barons of Exchequer should pay out of the unexhausted balance or surplus of the moneys paid to them in 1784, by the Act 24 Geo. III., c. 57 (relating to forfeited estates placed under the board of trustees), the sum of £2000 to the city of Edinburgh towards erecting a lunatic hospital. A royal charter was obtained in 1807, and subscriptions were raised not only from Scotland, but England, and even India, Ceylon, and the West Indies. Madras alone subscribed £1000. The idea of the originators of the institution was a charitable and very far-reaching one. They made provision for three classes—paupers, intermediate, and a third in which the patient had a servant to attend him. It may be mentioned that the establishment of the Retreat at York and its success were constantly referred to in appealing to the public for subscriptions. The building which is now the "East

House" was opened in 1813, and the plan of that building was greatly superior to the prison-like arrangement of some of the asylums built twenty or thirty years afterwards. From the beginning the teaching of mental disease to students was considered, as well as the cure and care of the inmates. The management was a wise one. There were three governing bodies—the "ordinary managers," for transacting the ordinary business; the "medical board" of five, consisting of the President and three Fellows of the Colleges of Physicians and Surgeons; and the "extraordinary managers," consisting of official and representative men in and about Edinburgh, who had, along with the ordinary managers, the election of the board every year. At first there was a lay superintendent and visiting physicians.

Then there was an Act "regulating mad-houses in Scotland" (55 Geo. III., c. 69), passed in the year 1815—that important epoch in lunacy legislation in the British Isles—brought in by the Lord Advocate of Scotland (Mr. Colquhoun), Mr. W. Dundas, and General Wemyss, and which received the royal assent, after several amendments from the House of Lords, June 7, 1815.

This Act provided that sheriffs should grant licences for keeping asylums; that no person should keep one without a licence; that the money received for licences should form part of the rogue money in the county or stewartry, and that out of it all the expenses required for the execution of the Act should be defrayed; that inspectors should be elected within a month after the passing of the Act, and thereafter should annually

inspect asylums twice a year—four by the Royal College of Physicians in Edinburgh from their ordinary resident members, and four by the faculty of physicians and surgeons in Glasgow from their ordinary resident members; that sheriffs should ascertain whether patients are properly confined; that the sheriff should make an order for the reception of lunatics, upon a report or certificate signed by a medical man (no statutory form was ordered for the medical certificates or the warrants of the sheriffs; a medical man signing a certificate without due examination of the patient was to forfeit £50); that the sheriff or stewart might set persons improperly detained at liberty; that a licence might be recalled upon report made to the sheriff by two of the inspectors; that the sheriff might make rules for the proper management of asylums; that the Act should not extend to public hospitals, nor to single patients; that the Procurator Fiscal should enforce the Act and recover penalties. The friends of patients were required to pay an annual fee of £2 2*s.*

Such were the main provisions of this Act, which proved to be an important advance in the right direction, though far from perfect. It was amended by 9 Geo. IV., c. 34, and 4 and 5 Vict., c. 60. The three Acts were repealed and other provisions made by the 20 and 21 Vict., c. 71, an "Act for the Regulation, Care, and Treatment of Lunatics, and for the Provision, Regulation, and Maintenance of Asylums."

I may add here, though anticipating the future course of events, that the General Board of Commissioners in Scotland was established by the Acts 20 and 21 Vict.,

c. 71, and 21 and 22 Vict., c. 54, both Acts being amended by 25 and 26 Vict., c. 54, and 27 and 28 Vict., c. 59, the latter continuing the appointment of Deputy Commissioners, and making provisions for salaries, etc. The statutes now in force in Scotland are the 20 and 21 Vict., c. 71; 21 and 22 Vict., c. 89; 25 and 26 Vict., c. 54; 27 and 28 Vict., c. 59; Act for the protection of property of persons under mental incapacity, 12 and 13 Vict., c. 51; Act providing for the custody of dangerous lunatics in Scotland, 4 and 5 Vict., c. 60 (repealed and other provisions made by fore-mentioned Acts); Act to amend the law relating to lunacy in Scotland and to make further provision for the care and treatment of lunatics, 29 and 30 Vict., c. 51; Act to amend the law relating to criminal and dangerous lunatics in Scotland, 34 and 35 Vict., c. 55 (1871).

But we must retrace our steps to pursue the course of legislation a little more in detail.

On the 3rd of February, 1818, a Bill for the erecting of district lunatic asylums in Scotland for the care and confinement of lunatics, brought in by Lord Binning and Mr. Brogden, was read the first time. A few days after, a petition of the noblemen, gentlemen, freeholders, justices for the peace, Commissioners of Supply, and other heritors of the county of Ayr was presented against it, setting forth that the petitioners, "from the first moment that they were made acquainted with the principle and provisions of the proposed Bill, were deeply alarmed for their own interests and those of Scotland in general, by the introduction of a measure uncalled for

and inexpedient, novel in its application and arrangement, and substituting regulations of compulsion, to the exclusion of the more salutary exertions of spontaneous charity, and this, too, at a time when, by the gradual progress of enlightened philanthropy, so many admirable institutions have been so lately established in various parts of Scotland by voluntary contributions; and that the petitioners are most willing to pay every just tribute of respect to the humane views which may have dictated the proposed measure, but they are satisfied that it must have owed its origin to exaggerated and false representations of the state of the lunatics in Scotland, and an unjust and groundless assumption of a want of humanity in the people of Scotland toward objects afflicted with so severe a calamity. The House cannot fail to remark that the proposed Bill recognizes a systematic assessment, which it has been the wise policy of our forefathers to avoid in practice, and that, too, to an amount at the discretion of Commissioners ignorant of local circumstances, and perhaps the dupes of misinformation; entertaining, as the petitioners do, deep and well-grounded repugnance to the means proposed for carrying this measure into execution, partly injudicious and partly degrading to the landholders of Scotland, for it does appear to be a humiliating and, the petitioners may venture to say, an unconstitutional Act, which would place the whole landholders in Scotland in the situation of being taxed for any object and to any amount at the discretion of any set of Commissioners whatever; the petitioners therefore, confiding in the wisdom of the

House, humbly pray that the proposed Bill for providing places for the confinement of lunatics in Scotland may not pass into law."

Another petition against the Bill, from the magistrates and council of the royal burgh of Ayr, was presented and read, praying that the same may not pass into a law; or that if the House should think proper to pass the said Bill, they would exempt the burgh and parish of Ayr from its enactments.

Later on, another petition of the magistrates and town council of the royal burgh of Montrose was presented against the Bill; and subsequently one from Stirlingshire, Renfrew, Wigton, Edinburgh, Elgin, Glasgow, Perth, Dumfries, and many other places.

The second reading was again and again deferred until the 1st of June, when it was ordered "that the Bill be read a second time upon this day three months." Thus persistent obstruction triumphed.

Sir Andrew Halliday, who took from an early period a lively interest in the insane, writes in 1827: "I cannot but regret that the public refused the adoption of a law for erecting district or county establishments, proposed some years ago by that excellent nobleman, Lord Binning. The rejection of this Act arose, I believe, neither from the parsimony nor the poverty of the freeholders, but from a dread of introducing into the kingdom that system which has been denominated the nightmare of England, the poor's rates." *

* "A General View of the Present State of Lunatics and Lunatic Asylums in Great Britain and Ireland," by Sir Andrew Halliday, M.D., p. 28.

How much legislation was needed at this period is well shown by the description, by a philanthropist, of the condition of the lunatics in the Perth Tolbooth, for which I am indebted to the late lamented Dr. Lauder Lindsay, who observes: "Here is exactly what Mr. J. J. Gurney says, and it is of special interest to us, as showing the sort of provision made for the comfort of our local insane prior to the establishment of the Murray Royal Institution in 1877, nine years afterwards. In all probability Mr. Gurney's report, which was published in his 'Notes on a Visit made to some of the Prisons of Scotland,' led directly or indirectly to Mr. Murray's fortune being devoted to the institution of an Hospital for the Insane. 'The old Jail of Perth is built over a gateway in the middle of the town. Although this dark and wretched building had been for some time disused as a prison, it was not at the period of our visit' (Mr. Gurney's sister, Mrs. Fry, accompanied him) 'without its unhappy inhabitants. We found in it two lunatics in a most melancholy condition; both of them in solitary confinement, their apartments dirty and gloomy; and a small dark closet, connected with each of the rooms, filled up with a bed of straw. In these closets, which are far more like the dens of wild animals than the habitations of mankind, the poor men were lying with very little clothing upon them. They appeared in a state of fatuity, the almost inevitable consequence of the treatment to which they were exposed. *No one resided in the house* to superintend these afflicted persons, some man, living in the town,

having been appointed to feed them at certain hours of the day. They were, in fact, treated *exactly as if they had been beasts.* A few days after our visit, one of these poor creatures was found dead in his bed. I suppose it to be in consequence of this event that the other, though not recovered from his malady, again walks the streets of Perth without control. It is much to be regretted that no medium can be found between so cruel an incarceration and total want of care.' "

A return, signed "H. Hobhouse," was made in this year (1818) from the parochial clergy in Scotland, showing the number of lunatics in each county, and other particulars, which now possesses considerable interest historically. The most important figures are as follows :—

TABLE

SHOWING THE NUMBER OF INSANE, ETC., IN THE SCOTCH SHIRES IN 1818 AND THE NUMBER IN ASYLUMS.

Shire.	Number of insane and idiots.			
	Male.	Female.	Total.	In asylums.
Aberdeen	197	226	423	41
Argyle	171	122	293	9
Ayr	110	104	214	14
Banff	62	86	148	6
Berwick	38	28	66	3
Bute	32	27	59	1
Caithness	45	29	74	0
Clackmannan and Cromarty...	20	19	39	1
Dumbarton	44	38	82	6
Dumfries	84	79	163	15
Edinburgh	132	153	285	148
Carried forward ...	935	911	1846	244

Shire.	Number of insane and idiots.			
	Male.	Female.	Total.	In asylums.
Brought forward	935	911	1846	244
Elgin	32	47	79	4
Fife	115	127	242	11
Forfar	122	154	276	37
Haddington	44	36	80	9
Inverness	130	110	240	10
Kincardine	52	58	110	5
Kinross	6	9	15	1
Kirkcudbright	42	35	77	5
Lanark	156	193	349	28
Linlithgow	25	35	60	1
Nairn	4	20	24	0
Orkney and Shetland	67	62	129	0
Peebles	12	16	28	0
Perth	179	134	313	17
Renfrew	94	81	175	24
Ross	107	103	210	4
Roxburgh	52	56	108	10
Selkirk	6	6	12	0
Sterling	58	64	122	4
Sutherland	36	27	63	1
Wigton	30	40	70	4
	2304	2324	4628	417

From this table it will be seen that the total number was 4628, of whom 2304 were males and 2324 females.

With regard to their distribution, there were—

In public asylums	258
In private asylums	158
With friends	1357
At large	2855
Total	4628

Two thousand one hundred and forty-nine were maintained wholly or in part by the parish. Fifty

parishes failed to send any return. In one parish in the city of Edinburgh, from which we have no return, were situated the "Edinburgh Bedlam" and the Charity Workhouse. In these two places were confined eighty-eight lunatics and idiots. From Glasgow the returns did not include ninety-five lunatics and idiots confined in the Glasgow Asylum and Towns Hospital; 187 patients must therefore be added to the foregoing, making a total of 4815.

Considering the period at which it was made, this is a very remarkable return, and was much more complete than some later ones; for instance, in 1826 the Parliamentary returns were ridiculously below these figures, and Sir Andrew Halliday could only after diligent inquiry bring up the number to 3700.*

Two years later (1828), a Bill was brought into the House of Commons to amend the Act 55 Geo. III., c. 69,† by the Lord Advocate, Mr. H. Drummond, and Mr. Robert Gordon. It passed the House of Lords, and received the royal assent June 27th.

This constituted the Act 9 Geo. IV., c. 34, and reduced the fees paid for persons confined from £2 2*s.* to 10*s.* 6*d.*; admission and discharge books were ordered to be kept in every asylum, and an entry made of every act of coercion; the books of the asylum were to be submitted to the inspectors; no insane person was to be received into a hospital without a warrant from the sheriff, who was to inspect hospitals; houses were to be visited by medical men—those containing less than one

* *Op. cit.*, p. 27. † "An Act to Regulate Madhouses in Scotland."

hundred patients, in case such house should not be kept by a physician or surgeon, were to be visited twice in every week by a physician or surgeon—signing in a register the condition of the house and state of health of the patients; a register was also to be kept by the resident physician or surgeon, and such register was to be regularly laid before the inspectors, who were required to sign the same in testimony of its production; ministers were empowered to visit mad-houses in their parishes; regulations were made as to persons with whom lunatics were privately confined; the justices might appoint three of their number to inspect hospitals and private mad-houses; lastly, a weekly register was to be kept in each house, and to be laid before the inspectors, stating the number of curable and incurable cases, and the number under restraint, the necessity thereof being certified by a medical man.

I wish to record here that, so far back as 1838, some of the Scotch asylums were remarkable for the extent to which labour was introduced. Being engaged in writing an introduction to Jacobi's work "On the Construction of Asylums," the editor (Mr. S. Tuke) visited the asylums of Scotland in that year, accompanied by Mr. Williams, the visiting medical officer of the York Retreat, and found at Perth, Dundee, and Aberdeen, the men's wards nearly empty, so large a proportion of their inmates were in one way or other engaged in labour. "At Perth," he writes, "more than twenty came in together to dinner from the labours of the farm; others were employed in the garden and about the premises. At Dundee at nine o'clock in the morning, out of fifty-seven

men patients of the lower class, twelve were engaged in stone-breaking, eight in gardening, thirteen in weaving, one in tailoring, two as shoemakers, whilst a few were engaged in the preparation of tow for spinning, and several in the various services of the house. In the Aberdeen Asylum, in which the labour system is extensively introduced, we were particularly pleased with the state of the lowest class of women patients—chiefly in an idiotic and demented state. All of these but one, and she was in a state of temporary active mania, were employed in picking wool or some other simple occupation. Indeed, in the three asylums which I have just mentioned, the state of the lowest class of patients offers a striking contrast to that in which they have been usually found in our asylums. Those dismal-looking objects, cringing in the corners of the rooms or squatting on the ground, almost lost to the human form, are here not to be seen. I must not omit to mention that at Aberdeen the manager had succeeded in inducing the higher class of patients to engage in gardening, etc. At Glasgow the governors were contemplating arrangements for the more extensive introduction of the labour system. In all these asylums the superintendents expressed their decided conviction of the benefit which, in a great variety of ways, was derived from the employment of the patients, more especially in outdoor labour."

In connection with the Dundee and Glasgow asylums, the great services rendered by Dr. McIntosh ought not to be forgotten, as also those of Dr. Poole (Montrose), Dr. Malcolm (Perth), and Dr. Hutcheson (Gartnavel).

Scotland south of Edinburgh and Glasgow had not, until 1839, any retreat or place of confinement for the insane, except six squalid stone cells attached to the public hospital of Dumfries. Violent or vagrant lunatics were physically restrained in their own houses, allowed to roam at large, or incarcerated in prisons or police stations. In the year mentioned, the Crichton Institution was opened for the reception of patients of all ranks and means, from the pauper to the peer, in other words, at rates of board from £17 to £350. In those days the building was regarded as magnificent, commodious, and much in advance of the prevalent psychiatry in Scotland, in the provision for the restoration of mental and physical health, and for securing the comfort and happiness of the inmates. The funds providing this building and surrounding fields, had been bequeathed by Dr. Crichton, of Friars Carse, Dumfriesshire, to his widow, who determined the precise application of the magnificent legacy, which it is reported amounted to £120,000. The benevolent foundress caused the structure to have the Bible as a foundation, instead of a stone, and announced her solemn intention that the establishment should be conducted, not merely in accordance with science, but the principles of Christian philanthropy. The first medical superintendent, Dr. W. A. F. Browne, who had made a critical examination of European asylums, and had acted as the chief officer in the Montrose Lunatic Asylum during four years, opened the Crichton Institution in 1839, with what were regarded as sound but advanced views, and with the resolution of carrying into

effect all that had been discovered or suggested for the amelioration, cure, and care of those who might require treatment or seclusion.

Before the close of the first year of his management, there would appear to have been about a hundred individuals, of various stations and in various mental conditions, consigned to his charge. For these and the gradually increasing numbers of the population, he instituted daily exercise, amusement, occupation in the open air and in the grounds of the establishment, and during winter or inclement weather, billiards, bagatelle, "summer ice," and walking in the protected balconies connected with every ward or gallery in the house. Collections of books were contemporary with the laboratory, and the medical officers invariably carried a catalogue, along with a prescription book, in their daily medical visits to every patient. As a rule, remuneration was ordained for every description of labour, whether it was mental or manual, and might take a pecuniary or honorary form. From the commencement no personal restraint was resorted to, although the medical director did not bind himself either by rules or avowed opinions to prohibit mechanical resources, should they appear to be demanded for the preservation of life or strength, or quiet, or in any respect as a remedial agent. In 1840 a medical assistant or pupil was appointed. The experiment proved eminently successful, and the course thus foreshadowed has been universally adopted, and improved upon by increase in the number of such fellow labourers, by the addition of clinical clerks, and so forth. The

next advance was in instituting recorded observations of the state of patients during the night as well as the day; in the addition of carriages as a means of enjoyment and distraction, one of these being an omnibus, so that groups of the inmates might be conveyed to distant parts of the surrounding country; and in the multiplication of hygienic and moral influences, music, painting, translation, study of medicine, acquisition of languages, teaching, reading prayers, etc. The next stage of development may be described as the separation of different classes of patients; provision for the agitated, for abstainers; mental culture for all capable of receiving impressions, lectures, public readings, the production of a monthly periodical which is still continued. Of this institution we shall have to speak again.

An Act to alter and amend certain Acts regulating mad-houses in Scotland, and to provide for the custody of dangerous lunatics, was passed in June, 1841 (4 and 5 Vict., c. 60). It amended 55 Geo. III., c. 69, and 9 Geo. IV., c. 34. A penalty of £200 and the expenses of recovering the same might be imposed on persons sending any lunatic to a mad-house without a licence; persons convicted of receiving lunatics without a licence, or the required order, might be imprisoned in default of penalty; the sheriff on application of the Procurator Fiscal might commit dangerous lunatics; the expenses were to be defrayed out of the rogue money, if the person had not the means of defraying, or if it could not be recovered out of his estate, then the same was to be defrayed by the parish which would be liable for the maintenance of such

lunatic if he or she were a pauper; lunatics might be removed on application by the Procurator Fiscal; parish pauper lunatics were to be confined in public hospitals; if no public hospital in the county, the sheriff might send lunatics to an adjoining county; the death of a lunatic was to be intimated to the sheriff in writing by the person keeping the licensed mad-house; fees of licences might be diminished if the moneys received exceeded the sums required for carrying this Act into execution.

A form of register was to be kept in all licensed mad-houses in Scotland, indicating the house; where situated and kept; names and designations of individuals confined; date of reception; at whose instance confined, and on whose medical certificate; whether curable or incurable; date of removal or discharge, and authority for either; date of death; disease or cause of death, and duration of disorder; name of medical practitioner; when first called to give special attendance, and how often he afterwards visited the deceased, with the place of burial.

We must not omit to mention that in 1848 further legislation was attempted—an attempt, the failure of which was frequently deplored in the debates of succeeding years. A good Bill designed to amend the law of Scotland relative to the care and custody of the insane, and to regulate existing asylums, and to establish asylums for pauper lunatics, was brought in by the Lord Advocate (Lord Rutherfurd), Sir George Grey, and the Secretary at War. After the second reading it was referred to a Select Committee, which included the names

of the Lord Advocate, Lord Ashley, Sir James Graham, Mr. E. Ellice, Mr. Stuart Wortley, and Mr. H. Drummond. Petitions now poured in from almost every shire in Scotland, and the Bill had unfortunately to be withdrawn. Undaunted, the Lord Advocate made another attempt in the following year, but with the same result.

It is not necessary to dwell longer on the condition of the insane, or the legislation adopted on their behalf, till we come to the year 1855, which proved to be the commencement of a new departure in the care taken for them by the State. Unfortunately, in spite of legal enactments, the state of the insane in Scotland, at this time, outside the asylums was as bad as it could be, and even in some asylums it was deplorable. At this period a well-known American lady, Miss Dix, who devoted her life to the interests of the insane, visited Scotland, and the writer had the opportunity of hearing from her own lips, on her return from her philanthropic expedition, the narration of what she saw of the cruel neglect of the pauper lunatics in that country. She caused so much sensation by her visits and her remonstrances, accompanied by the intimation that she should report what she had witnessed at head-quarters in London, that a certain official in Edinburgh decided to anticipate "the American Invader," as Dr. W. A. F. Browne called her. Miss Dix was, however, equal to the occasion, and, hurriedly leaving the scene of her investigations, she took the night mail to London, and appeared before the Home Secretary on the following day, when the gentleman from Edinburgh was still on

the road, quite unconscious that the good lady had already traversed it.* The facts she laid before the Home Office were so startling that they produced a marked effect, and, notwithstanding counter allegations, the conclusion was very soon arrived at that there was sufficient *primâ facie* evidence to justify an inquiry. A Royal Commission was appointed, dated April 3, 1855, "to inquire into the condition of lunatic asylums in Scotland, and the existing state of the law of that country in reference to lunatics and lunatic aslyums."

The statutes forming the code of lunacy law for Scotland at that period were, for all practical purposes, the 55 Geo. III., c. 69; 9 Geo. IV., c. 34; and 4 and 5 Vict., c. 60.

The number of ascertained patients at this period (1855) amounted to 7403. The classification was as follows:—Private patients, 2732; paupers, 4642; criminals, 29 = 7403. Curable, 768; incurable, 4032; congenital idiots and imbeciles, 2603 = 7403. Males, 3736; females, 3667 = 7403. The proportion of the insane and idiots

* "The Commission was entirely due to Miss Dix's exertion. After visiting the lunatic asylums of E——, she proceeded to Scotland, where her suspicions were aroused by the great difficulty she experienced in penetrating into the lunatic asylums of S——; but when she did gain access, she found that the unfortunate inmates were in a most miserable condition. She came to London and placed herself in communication with the Secretary of State for the Home Department, and with the Duke of Argyll; and at her instance, and without any public movement on the subject, a Royal Commission was appointed to inquire into the state of the lunatic asylums of Scotland. No one, we are sure, could read the Report of the Commission without feeling grateful to that lady for having been instrumental in exposing proceedings which were disgraceful to this or to any civilized country."—Mr. Ellice, M.P., "Parliamentary Debates," vol. cxlv. p. 1025.

to the population was 1 in 390. The number of congenital idiots was greatest in proportion to the population in those counties remote from influences that incite to mental activity—the Highland population containing more than three times the number found in an equal Lowland population.

The 2732 private patients were thus distributed: In chartered asylums, 652; licensed houses, 231; poor-houses, 9; reported houses, 10; school for idiots, 12; unlicensed houses, 18; with relatives, 1453; with strangers, 297; not under any care, 50; total, 2732.

The 4642 paupers were thus distributed: In chartered asylums, 1511; licensed houses, 426; poor-houses, 667; reported houses, 31; school for idiots, 3; unlicensed houses, 6; with relatives, 1217; with strangers, 640; not under any care, 141; total, 4642.

The receptacles for the insane were thus distributed:—

A. Chartered asylums. The Royal Asylums at Aberdeen, Dundee, Edinburgh, Glasgow, Montrose; the Crichton Institution, Dumfries, including the Southern Counties Asylum; James Murray's Royal Asylum, Perth.

B. Public asylums not incorporated. The only institution of the kind, that of Elgin, was exclusively for paupers.

C. Poor-houses with separate wards for the insane (twelve given in the table).

D. Prisons. The only one specially adapted for the reception of the insane was the lunatic department of the general prison at Perth.

E. Poor-houses without separate wards for the insane (fourteen given).

F. Private asylums (twenty-three in number).

G. Private houses reported to the sheriff.

H. Houses of relatives and strangers.

I. Schools for idiots. Baldovan, near Dundee; and Gayfield Square, Edinburgh.

This Commission did not report until 1857, and unhappily the evidence more than justified the necessity of the appointment of the Committee, and of a sweeping measure of reform. The difficulty in selecting passages from the Report is to know where to stop. We shall restrict ourselves within moderate bounds; and first let us cite the reference to the condition of the insane and idiotic not in asylums. "It is obvious," says the Report, "that an appalling amount of misery prevails throughout Scotland in this respect. When estimating the condition of the insane not in establishments, it should be remembered that the details furnished by us give only an imperfect representation of the true state of matters. They form only a part of the picture of misery; and, had we been able to extend our investigations, it would, we are convinced, have assumed a much darker shade.

"A practice prevails in some workhouses, as in a few of the licensed asylums, of fastening the hands behind the back, by which much unnecessary pain is inflicted on the patient."

Of the methods employed in *asylums* to repress violence, etc., the Report thus speaks:—

"*Instrumental Restraint and Seclusion.*—Personal

restraint by the application of the strait waistcoat, or of the straps or muffs, is almost entirely banished from the chartered asylums; but we have reason to think that seclusion for long periods is frequently used. This remark applies more especially to the asylums of Montrose, Glasgow, Aberdeen, and Edinburgh. In Montrose we found, on one occasion, eleven patients in seclusion out of a population of 174, several of them having been so secluded for considerable periods, and one woman for several months; and it is to be observed that the seclusion rooms in this asylum are *mere cells, with stone floors and darkened windows*, and that the patients who are placed in them are frequently allowed no other covering than blankets, and no other bedding than loose straw cast on the floor."

Here is a picture of the way in which one asylum was conducted: "We have grounds for fearing that the patients suffered from cold. The house is carelessly conducted and the state of the patients very unsatisfactory. The bed-frames, which are about the ordinary size with only spars of wood at the lower part, were dilapidated and saturated with filth; and the quantity of straw in them was very scanty and mixed with refuse; it was wet, offensive, and broken into small portions, and had clearly not been renewed for a considerable time. A certain number of the patients, males as well as females, were stripped naked at night, and in some cases two, and in one case even three, of them were placed to sleep in the same bed-frame, on loose straw, in a state of perfect nudity." The

proprietor in his evidence says, "I never go into the rooms at night. The floor is constantly soaked with wet. There is an epileptic lad who is frequently fastened to the rings in the wall. The nurses keep the muffs in their custody. I dare say half of the dirty patients would sleep naked; seven would, therefore, sleep with others. I cannot say that more did not sleep together in a state of nudity. *I consider the treatment is proper for them.*"

Again: "The bad treatment of the patients, and the very unsatisfactory treatment of the patients, are not fully known to the official inspectors. Indeed, it would appear that in some houses the instruments of restraint are systematically removed from the persons of the patients after the arrival of the sheriff at the asylum, for we find in Dr. Renton's evidence that, speaking of L—— Asylum, in which two male patients are kept constantly in restraint by means of handcuffs, he says, 'There are not many patients under restraint at L——' And, further, in reference to Mrs. B——'s house at N——, he states, 'In Mrs. B——'s house I don't think there are many cases of restraint. There is a Miss W—— lately come, and a Miss M——. I don't think restraint is used to them.' We have ascertained, however, that these two patients were frequently restrained. These instances might be multiplied.

"*Rent is saved* by placing patients in small houses, making them use the same rooms both as day and sleeping accommodation; they are also crowded into small airing-courts, inadequate to afford proper exercise

and a proper separation of the sexes. The inmates during the winter months pass the greater part of each twenty-four hours in their bed, *whereby candle-light is saved.* In L—— Asylum, the patients are not allowed candle-light at any season.

"We cannot doubt that in many instances practices obviously wrong, and detrimental to the patients, have been adopted in licensed houses, because an increased profit would thereby be obtained by the proprietor."

In short, both as regards licensed houses and unlicensed houses, the Report winds up by giving a dismal picture; for, as to the former, "they are crowded in an extreme degree, profit is the principal object of the proprietors, and the securities against abuse are very inadequate;" and as to the latter, they "have been opened as trading concerns, for the reception of certain classes of patients who are detained in them without any safeguard whatever against ill-treatment and abuse." Strange to say, the persons properly authorized to inspect, did not avail themselves of the powers of inspection granted them by law; and the officials chose to interpret the law "in conformity with their respective views." Such was the unfortunate condition into which Scotch lunacy had drifted, at so comparatively recent a date as 1857, and out of which those who drew up the Report—Alexander E. Monteith, James Coxe, Samuel Gaskell, and William George Campbell—proposed to deliver it by the following remedial measures:—The erection of district or county asylums for pauper lunatics, including accommodation for the insane belonging to the labouring classes,

who are not strictly paupers. Likewise, more suitable accommodation for criminal lunatics. Means for insuring greater caution and discrimination as regards the licensing of houses for the reception of the insane; for imposing some check upon the licensing of new houses; and for conferring powers to close those already opened for paupers so soon as public asylums shall be erected, or at any other time, if not properly conducted. Regulations by which all pauper lunatics not in asylums shall be brought under proper visitation and care, and periodical reports be made as to their condition by medical men, so as to afford a safeguard against abuse and ill-treatment, and secure the ready and careful transmission of all proper cases to asylums. An accurate definition of the powers and duties of sheriffs in reference to the insane, so as to secure a more uniform practice and united action amongst them. Rules for the guidance of the Board of Supervision, parochial boards, inspectors of poor, and district medical officers in all matters relating to the management of the insane. More complete regulations in reference to medical certificates; to prevent interested parties signing them; to specify the length of time the document shall remain in force; and to require a statement of the facts or evidence upon which the opinion as to the patient's insanity is founded. Also a limitation of the time during which the sheriff's order shall remain in force, previous to the admission of the patient, and also in case of escape. The formation of a complete system of schedules and returns, together with full records of all admissions, discharges, deaths,

and accidents. Also the institution of registers and case-books, showing the medical treatment pursued in each case, and whether, and to what extent, restraint and seclusion were employed. Comprehensive regulations applicable to licensed houses and poor-houses, while continuing to receive lunatics, for securing to the patients sufficient medical and other attendance; kind and appropriate treatment; proper diet, clothing, bedding, exercise, and recreation; and adequate means of religious consolation. A requirement that, on recovery, patients shall be discharged by the medical attendant of the establishment. Restrictions on the removal of pauper patients by inspectors before recovery. Precautions for preventing injustice in transporting aliens. Better regulations as to dangerous and criminal patients. Measures by which persons labouring under insanity may voluntarily place themselves under care in an asylum. Special regulations for prolonging control over cases of insanity arising from intoxication. Enactments for extending further protection to the property of lunatics, and for insuring the proper application of their funds. The imposition of suitable penalties for infringement of the law, and power to modify them according to circumstances. Powers to raise sufficient funds for the purposes of the Act. The creation of a competent board, invested with due authority, to whom the general superintendence of the insane in Scotland shall be entrusted, including power to license houses for the reception of the insane; to visit all asylums, licensed houses, poor-houses, and houses containing only single patients; to

order the removal of patients to or from an asylum, or from one asylum to another; to give leave of absence to convalescent patients; to regulate the diet in asylums and licensed houses for pauper patients; to make regulations for their management, etc., etc.; with direction to report to the Secretary of State for the Home Department. The formation of local boards for the management of individual asylums, which shall act in conjunction with the general board.

Legislation followed in due time.

On the 29th of May, 1857, Mr. Ellice,* the member for St. Andrew's, asked the Government what steps they intended to take for securing to pauper lunatics in Scotland proper protection and maintenance, in order to alleviate the sufferings of the persons to whom the recent Report of the Commissioners of Inquiry into the state of Lunatics in Scotland related. He was ashamed to have to admit that in that country, unfortunately, the state of things had been lamentably different from England and Ireland, where boards had been appointed under which, generally speaking, the law for the protection of lunatics had been satisfactorily administered. In Scotland, instead of a Board of Commissioners specially appointed to take care of lunatics, the charge had devolved upon the sheriffs of counties and the Board of Supervision, which latter body stood in the place of the Poor Law Board in this country. He charged the Scotch authorities with an almost total neglect of the duties which were incumbent upon them under the law,

* "Parliamentary Debates," 3rd Series, vol. cxlv. p. 1020.

which "in a great measure was very ample for the protection of the great proportion of the pauper lunatics in Scotland, if it were properly administered." The powers and duties of the sheriffs, as laid down in the Act, were amply sufficient. Yet the granting of licences, which was their duty, formed the exception, and, in fact, houses were opened generally without any licence whatever; the patients were detained without any order, or without even any medical certificate; if they died, their friends were not informed of their deaths, which were not reported to any constituted authority, "the unfortunate persons disappearing in that mass of misery and filth which he should shortly depict." The pauper lunatics were under the charge of the parochial boards. These were under the control of the Board of Supervision, sitting in Edinburgh, and similar to the Poor Law Board in London. The statute enacted that whenever any poor person chargeable on the parish should become insane, the parochial board should, within fourteen days of his being certified, take care that he was properly lodged in an asylum. The Board of Supervision had, under the same Act, peculiar power with respect to lunatics, and it was competent for them to dispense with an asylum, and allow the patient to remain with his friends under due inspection.

The Board of Supervision had absolute powers to dismiss any inspectors of the poor neglecting their duty to pauper lunatics. They acknowledged their obligation. In their first Report (1847) they, among other positive statements, affirm that they, in all cases in which they dis-

under the removal of patients to or from an asylum, or from one asylum to another; to give leave of absence to convalescent patients; to regulate the diet in asylums and poorhouses for pauper patients; to make regulations for their management, etc. etc.; with direction to report to the Secretary of State for the Home Department. The formation of local boards for the management of the local asylums which shall act in conjunction with the general board.

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pensed with the removal of pauper lunatics to asylums, were careful to preserve the necessary safeguards against abuse, by requiring a satisfactory medical certificate as to treatment, and so on. Mr. Ellice then showed that "these statements had no foundation in fact; that they were positively untruths, and entirely deceptive, year after year, as to the real state of the lunatics in Scotland." In subsequent Reports the Board boasted that it had endeavoured, not unsuccessfully, to improve the condition of the insane, but Mr. Ellice showed that "the condition and treatment of the pauper lunatics was diametrically opposite to what was there stated." He knew that more legislation would be promised by the Government, but the thing was to see that the law was enforced, and that due notice should be taken of the conduct of the authorities who had neglected their duties. He asked that a direct condemnation should be passed upon them, and that they should be compelled, as in duty bound, to protect pauper lunatics from continued neglect and abuse. The member for Aberdeen characterized the Report of Commissioners regarding the state of the insane in his county as "one of the most horrifying documents he had ever seen."* It was "a state of things which they could not before have believed to prevail in any civilized country, much less in this country, which laid peculiar claims to civilization, and boasted of its religious and humane principles."† "Distressing as were the cases which he had mentioned, there were others ten times worse remaining behind—so horrible, indeed, that he

* Page 1025. † Page 1027.

durst not venture to shock the feelings of the House by relating them." * Sir George Grey, after saying that the Report on the treatment of lunatics in Scotland contained statements of facts calculated to cast very great discredit upon that portion of the United Kingdom, admitted that the Board of Supervision was not free from blame, but thought the Report proved that the guilt must be shared by the parochial boards, the inspectors of the poor, the sheriffs, the clergy, the justices of the peace, and by the Commissioners of Supply. By this ingenious homœopathic dilution of the blame, it was easy to show that individual responsibility was infinitesimal, and could not, therefore, be detected and punished in the way it so richly merited. Sir George Grey promised to introduce a Bill calculated to remove the defects in the law established by the Reports, and deplored the fate of the Bill brought in by Lord Rutherfurd,† when Lord Advocate, which would, in his opinion, have remedied all the evils now complained of. It was "referred to a Select Committee, but the opposition roused to it in Scotland, on the miserable ground of the expense it would incur, proved fatal to the measure. I trust the disgrace that now attaches to Scotland in this matter will be removed, and that this and the other House of Parliament will cordially co-operate with the Government in the adoption of those measures that are necessary for the relief and protection of the unfortunate class of persons referred to in the Report." ‡ Mr. H. Drummond, who said he had assisted

* Page 1035. † See p. 338.

‡ Page 1042.

Lord Rutherfurd to pass his Bill, also deplored its rejection. "Both he and the Lord Advocate were beaten by the systematic opposition of every single person who was connected with the administration of the system in Scotland. They would not give the returns sought for . . . and the ground of the opposition was the dread of the dirty expense which might be incurred. From one to the other it appeared that the object of care in Scotland was property, not persons. The way in which they treated the poor in Scotland was perfectly scandalous, and in nothing did the system appear so bad as in the treatment of pauper lunatics, the rich lunatics being sufficiently well taken care of." Mr. Drummond asked how it was "that throughout the whole of Scotland there was not one clergyman who could find time to visit these poor creatures? True, there was one, but when he went to the asylum he was refused admittance; and why? Because he was a Papist. The Poor Law, as managed by the Board of Supervision, had been well defined to be 'a law for depriving the poor of their just rights.'"* Sir Edward Colebrooke, as one of the members for Scotland in the previous Parliament, took his share of the blame that attached to the House in reference to Scotch asylums. In the Report issued in 1844, it was recommended that more stringent provisions should be introduced into the law, but they had not been attended to. Mr. Kinnaird, the member for Perth, thought that the Scotch members owed a debt of gratitude to Mr. Ellice for the manner in which he had laid

* Page 1043.

the disgraceful feature in the administration of the Scotch Poor Law before the House. He was glad to find that the Perth Asylum was not one which had disgraced Scotland.* The Lord Advocate rejoiced at the publication of the Report, and the statements of Mr. Ellice, from the bottom of his heart, because the state of things had for a long time been a disgrace and a scandal to Scotland. "The people of that country had known that it was a disgrace and a scandal, and he regretted to add that it was not the first time that statements had been made similar to those to which they had just listened. Had Lord Rutherfurd's Bill of 1848 been passed, this disgraceful state of things would have been put an end to. But not a single petition was presented in its favour, while twelve of the largest and most important counties of Scotland petitioned against it! That noble-minded lady, Miss Dix, went to Edinburgh and visited the asylums at Musselburgh. After seeing them, she said there was something wrong, and she wished to be allowed to visit them at the dead of night, when she would not be expected. He felt a difficulty about giving a permission of that kind to a non-official person, and accordingly she applied to the Home Secretary. When asked by him his opinion of the subject, he at once stated that the whole system with regard to the treatment of lunacy in Scotland was utterly disgraceful, and that the evil could only be reached by a Commission of Inquiry. The facts were now so clearly proved that if he proposed the very remedy which was rejected in 1848, it would

* Page 1044.

be adopted by both Houses of Parliament without any important opposition."

A Government Bill was brought in by the Lord Advocate, June 9, 1857, "to alter and amend the laws respecting lunatics in Scotland." In introducing it, he summarized the then law as follows:—The sheriffs of the counties, the justices, and some other parties had the power and duty of inspection once or twice a year; certain registers were ordered to be kept and certain regulations made. But there was no uniformity; every sheriff might interpret the Act as he pleased, and there was no obligation to erect asylums for the maintenance of lunatics. The duty was thrown on the Procurator Fiscal of seeing the Act executed, but no power was given him to ascertain whether it was executed or not, and there was no power of visitation. He need not say that these safeguards entirely failed, and the remedy he now proposed was that there should be appointed a Commission, an inspector-general who should be a medical man, a secretary, and a clerk; and that these should constitute the Lunacy Board for Scotland, though not under that name. They would have the power of granting and refusing licences for asylums. The sheriffs and the justices would retain the powers conferred on them already. Scotland would be divided into districts, in which asylums would be erected by an assessment laid on for the purpose. The Lord Advocate made a sort of formal defence of the Board of Supervision, of which he himself had been a member, and pointed out that in their first Report they had stated that the accommo-

dation in the asylums was not equal to that required for one-tenth of the number of pauper lunatics. Sir John McNeill, who presided over the Board, when examined before the Select Committee on Miscellaneous Expenditure in 1848, stated this fact strongly. Mr. Ellice, however, adhered to the remarks he had previously made, reasserted his accusations, and repeated that if the question were put to a jury, they would come to no other decision than that gross culpability existed on the part of the authorities, and he only regretted that the Government had not had the courage to say that the Board of Supervision had deserved the condemnation of the House. Leave was given to bring in the Bill.*

On the second reading† (June 9, 1857) no serious opposition was offered to the Bill, although an attempt was made to show that the Commission had been carried away by exaggerated statements. Mr. Bruce, the member for Elginshire, who alleged this, hoped the Bill would not be hurried through the House that session. Mr. Blackburn, the member for Stirlingshire, said he agreed with every Scotch member that a permanent board would be of no use; it would be coercing the people by centralization. Mr. Cowan, member for Edinburgh, said that he had been requested to present a petition, signed by the Lord Provost and magistrates of Edinburgh, seeking for delay, but he did not like to incur that responsibility, and would therefore support

* Page 1468.

† "Parliamentary Debates," 3rd Series, vol. cxlvi. p. 1169.

the second reading. Mr. Dunlop, the member for Greenock, assumed, for the sake of argument, that all persons in Scotland had done their duty; but even if this were so, it was impossible but that cruelty and ill-treatment must have taken place when they considered the way in which pauper lunatics were treated, and he rejoiced that another session was not likely to pass over without something being done to remove what was at once a national calamity and a national crime, from Scotland.* Mr. Mackie, the member for Kircudbrightshire, protested against the creation of a new Board and the expensive machinery contemplated by the Bill. Sir William Dunbar, the member for Wigton, agreed, and maintained that the existing system was sufficient to insure all that was required. Sir John Ogilvy, member for Dundee, said a strong feeling existed in Scotland that the Board of Supervision furnished an efficient machinery capable of supplying all the defects of the present system, without the creation of a new Board. Mr. Hope Johnstone, member for Dumfriesshire, enforced these remonstrances, by stating that he had representations made to him from every quarter in opposition to the appointment of a new Board. Mr. Drummond hereupon made an observation, greatly to his credit, which deserves to be remembered. He said that the question was not so much what would be the most expensive as what would be the most efficient machinery. There were plenty of representatives of the ratepayers in that House, *but no representatives of the lunatics of Scotland.* They seemed to have no

* Page 1185.

friends there, while really they were the persons who stood most in need of being represented.

The Act (20 and 21 Vict., c. 71) was passed August 25, 1857. It was entitled "An Act for the Regulation of the Care and Treatment of Lunatics, and, for the Provision, Maintenance, and Regulation of Lunatic Asylums in Scotland." It repealed the Acts 55 Geo. III., c. 69; 9 Geo. IV., c. 34; and 4 and 5 Vict., c. 60.

To give a complete analysis of this most valuable Act, which consists of no less than 114 sections, would be wearisome to the reader. Its chief provisions were these:—

A Board of Commissioners in Lunacy for Scotland was to be appointed, consisting of three unpaid and two paid Commissioners; the Secretary of State was empowered to appoint one or two medical men as Deputy Commissioners; public asylums founded after the passing of this Act were to be subject to it; the duties of the Commissioners as to inspection were laid down; the sheriff was to visit and inspect asylums; private asylums were to be licensed by the Board; the patient was to be admitted by order of the sheriff on medical certificates; five shillings were to be paid for the sheriff's order for the admission of a patient not being a pauper, and half that sum for a pauper; the medical certificate was to specify the facts on which opinion of insanity was founded; no certificate was to be granted without examination, under penalty not exceeding £50, and if falsely granted, under a penalty not exceeding £300; houses where lunatics were detained under the order of the

sheriff might be visited by the Board; one medical man was to be resident in every asylum licensed for a hundred patients or more, and a physician was obliged to visit daily those for more than fifty patients; those for fifty or less were to be visited at least twice in every week.

Scotland was divided into districts, set forth in a schedule, and a district board was to be appointed within six months, which should inquire into the necessities of the district; the Board was to require the district boards to provide district asylums; the provisions of 2 and 3 Vict., c. 42, were to be applied to this Act; district asylums were to be vested in district boards, and district inspectors were to be appointed.

Power was given to Public Works Loan Commissioners to lend money for purposes of the Act, provision being made for the money borrowed being paid off within thirty years.

In case the district asylum could accommodate more than the lunatics of the district, other lunatics, it was enacted, might be admitted.

Whether the property of a lunatic was or was not under judicial management, if it was not properly applied for his benefit, application was to be made to the Court of Session.

Provision was also made for cases where insanity stands in bar of trial; the finding of the Court that the prisoner cannot be tried, to be followed by an order to be kept in strict custody during her Majesty's pleasure; a lunatic acquitted of a criminal charge on the ground of insanity, to be kept in custody by order of court in such

place as it may see fit, during her Majesty's pleasure; prisoners exhibiting insanity when in confinement to be removed to an asylum, to remain there until it should be certified to one of her Majesty's Principal Secretaries of State by two medical men that such person has become of sound mind; whereupon the Secretary of State was authorized, if such person's term of imprisonment had not ended, to issue his warrant to the superintendent, directing that such person should be removed back to prison, and if no longer subject to imprisonment, that he should be discharged.

With regard to the liberation of patients from asylums, the certificates of two medical men approved by the sheriff were required, eight days' notice being given to the person at whose instance such lunatic was detained; the patient released to be entitled to a copy of order, certificate, etc., on which he was confined.

The punishment of maltreating any lunatic was a fine not exceeding £100, or imprisonment for any period not exceeding six months, without prejudice to action for damages.

Power was granted to the Secretary of State to order a special visitation of any place where a lunatic was represented to be confined.

The inspectors of the poor were to give intimation of pauper lunatics within their parishes.

The importance of this Act is enhanced by the fact that its framers had the advantage of a knowledge of the working of the great Acts of 1845 and 1852 in England and Wales.

Availing ourselves now of the first Report of the Commissioners* who were appointed under the foregoing Act, we shall present a statement of the number and distribution of the insane in Scotland on the 1st of January, 1858.

Location.	Males.	Females.	Total.	Private.	Paupers.
In public asylums ...	1226	1154	2380	786	1596
In private asylums	330	415	745	219	526
In poor-houses ...	352	487	839	6	833
In private houses ...	810	974	1784	—	1784
Total ...	2718	3030	5748†	1011	4739

The above table does not include private single patients; their number could not be accurately ascertained.

The Commissioners, as might be expected, report the state of the insane to have altered little since the Report of the Royal Commission. In the pauper licensed houses, if not in others, the overcrowding was great, though diminishing. "The patients, when within doors, are generally found sitting in cheerless rooms, ranged on benches, listless and without occupation; and when out of doors, they are usually lounging sluggishly about the airing-courts, or are crouching in corners." Among favourable indications noted by the Commissioners it is pleasant to read the following:—"Mechanical restraint

* They were Melgund, chairman; G. Young, George Moir, James Cox, and W. A. F. Browne.

† If certain other figures be added, this total is 5823. See table on a subsequent page.

has been entirely banished from the licensed houses, and patients who are recorded in the Report of the Royal Commissioners as almost always under restraint, are now habitually free from their bonds. The improvement in the condition of these cases under the more humane treatment now in use has been most remarkable, and is especially exemplified in the case of A. S——, a patient in M—— Asylum.".

Subsequent Acts were passed, called for by the experience of the Commissioners in regard to the working of the Act of 1857, some imperfections in which were naturally discovered in the course of years.

The Lord Advocate and Sir George Grey brought in a Bill in 1862 to make further provision respecting lunacy in Scotland, which received the royal assent July 29 (25 and 26 Vict., c. 54).

By this Act, consisting of twenty-five sections, the Board was empowered to license lunatic wards of workhouses; to sanction the reception of pauper lunatics in workhouses; to grant special licences for reception in houses of not more than four lunatics; to grant licences to charitable institutions for imbecile children without fee; to sanction detention of pauper lunatics in asylums beyond the limits of their district; to take such steps as the Board may consider requisite towards providing accommodation for the district, etc., etc. Not to cite other sections, certain provisions of the recited Acts as were inconsistent with the Act were repealed, and the General Board of Commissioners was, of course, continued.

In their Report of this year (1862) the Commis-

sioners observe, relative to the supposed increase of insanity, "Judging from the evidence which the tables afford, the increase is almost entirely due to the accumulation of the numbers of the insane, and certainly not, to any marked degree, to a greater disposition in modern times to mental disease; for while in the years 1858, 1859, 1860, and 1861, the *admissions* into asylums scarcely varied in number, the patients resident in such establishments showed every year a large and steady increase. Thus, on January 1, 1858, their number amounted to 3765; on January 1, 1859, to 4114; on January 1, 1860, to 4350; and on January 1, 1861, to 4462."

We have already noted the fact that more idiocy appears to be found in the counties least exposed to mental activity. In this Report, however, the Commissioners state that, as regards lunacy, its occurrence is considerably more frequent in *urban* than in *rural* districts. The word *occurring* is here used advisedly in contradistinction to existing lunacy. The explanation offered by the Commissioners is that there is a greater proportion of recoveries and deaths taking place among the patients of the rural district. They contrast the number of pauper lunatics intimated from urban populations with the number intimated from rural districts, and they find that in the former, the occurrence of pauper lunacy as compared with its occurrence in the latter, is as 100 to 54, whereas the proportion of existing pauper lunatics, January 1, 1861, in the corresponding districts was as 100 to 106. The Commissioners regarded as urban those parishes containing towns, or parts

of towns, having more than 20,000 inhabitants, and as rural all other parishes.

We need not dwell on the Act passed in 1864 (27 and 28 Vict., c. 59) to continue the Deputy Commissioners in Lunacy in Scotland, and to make further provision for their salaries and the clerk of the Board.

In 1866 another Act was passed (29 and 30 Vict., c. 51) to amend the Acts relating to lunacy in Scotland, and to make further provision for the care and treatment of lunatics. One or two of the provisions made merit notice. Any person keeping a lunatic in a private house, although not for gain, longer than one year, was obliged, if the malady required compulsory confinement or restraint or coercion, to report to the Board, that it might make inspection and obtain an order for the removal of such lunatic to an asylum. Regulations were made as to persons entering voluntarily as boarders, whose mental condition is not such as to render it legal to grant certificates of insanity. Letters from patients to the Board, and from the Board to patients, were to be delivered unopened. Power was given to apply to the Court of Sessions to obtain improved treatment and care of any lunatic. Patients committed as dangerous lunatics might be liberated on the certificates of two medical men, approved by the Procurator Fiscal, that such lunatic may be discharged without risk of injury to the public or the lunatic. This is a valuable provision. Power was given to the directors of asylums to grant superannuations to officers, etc.

The above Statute, passed in 1866 to amend the Acts

relating to lunacy, was succeeded, in a few years, by another statute having reference to a special class of the insane. Of this later Act in 1871 (34 and 35 Vict., c. 55) to amend the laws relating to criminal and dangerous lunatics in Scotland, it may be well to record the most important provisions. These were to apply to persons detained by judgment prior to the Act 20 and 21 Vict., c. 71. The lunatic department in the general prison at Perth was to be relieved from overcrowding by removing the insane prisoners to district, chartered, or private licensed asylums, with consent of managers of chartered and private asylums. As to the disposal of persons becoming insane in local prisons, these were to be removed to a lunatic asylum by a warrant of the sheriff; all asylums in which pauper lunatics were maintained by contract being bound to provide for the reception of such prisoner. The Act was to apply to any lunatic charged with assault or any offence, although not coming within the definition of a pauper.

There was in 1874 an interesting Parliamentary return, showing the total number of pauper lunatics in each of the three divisions of the United Kingdom, and the estimated annual amount of the proposed grant of four shillings per head per week towards the maintenance of pauper lunatics in asylums. The figures are as follows :—

A. In county, borough, royal, district, parochial, and private licensed asylums—

England	31,799
Ireland	7,140
Scotland	4,428
Total	43,367

B. In workhouses and elsewhere—

England	21,413
Ireland	3,125
Scotland	2,077
Total	26,615

Total of A and B in England	53,212
,, Ireland	10,265
,, Scotland	6,505
Total	69,982

Annual amount of four shillings weekly capitation grant towards maintenance of those in A:

England	£330,710 *
Ireland	74,256
Scotland	46,051
	£451,071

The proportion per cent. of patients in A on the total number of pauper lunatics is, for—

England	60 per cent.
Ireland	70 ,,
Scotland	68 ,,

Of the 6505 Scotch pauper lunatics, there were—

In public asylums	1930
In district asylums	1763
In private asylums	77
In parochial asylums	746
In lunatic wards of poor-houses	557
	5073

In private dwellings under sanction of the Board, viz.—

With relatives	875	1432
With strangers	529	
Alone	28	
		6505

* This sum now amounts to nearly half a million.

A return was also made of the average weekly cost of each lunatic at that time—

	s.	*d.*
In public asylums	9	2¼
In district asylums	9	9¼
In private asylums	11	1
In parochial asylums	8	4¼
In lunatic wards of poor-houses	6	8½
Total in establishments	9	0¼
With relatives	4	0
With strangers	5	6
Alone	3	5½
Total in private dwellings	4	3¾

There should be added to the above an expenditure for all pauper lunatics of threepence a head per week, being the cost of certificates of lunacy, expenses of transport, etc.

Twenty-one years after the appointment of the Lunacy Commissioners, their Report of 1878 enables us to mark the progress which had been made during this period in the accommodation afforded for the insane in Scotland. The labours of the Commissioners had been followed by highly satisfactory results, and it would be difficult to speak too highly of the value of their Reports during these twenty years.

On January 1, 1878, 1569 patients were maintained from private sources, 7473 by parochial rates, and 55 at the expense of the State.

Twenty years before, the distribution of the insane was as follows. In a parallel column is seen a like return for 1878.

Location.	1858.	Proportion to 100,000 of population.	1878.	Proportion to 100,000 of population.
In Royal and district asylums ...	2380		5449	
In private asylums	745	131	208	206
In parochial asylums and lunatic wards of poor-houses	839		736	
In private dwellings ...	1804	60	1493	42
In lunatic department of general prison	26		55	
In training schools	29		156	
	5823	191	9097	247

At the present time* the numbers and distribution of the insane in Scotland are as follows:—

NUMBER OF LUNATICS IN SCOTLAND ON JANUARY 1, 1881.

Location.	Private.			Pauper.			Total.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
19 Royal and district asylums	670	584	1,254	2,244	2,422	4,666	2,914	3,006	5,920
6 private asylums ...	49	108	157	—	—	—	49	108	157
6 parochial asylums ...	—	—	—	599	743	1,342	599	743	1,342
14 lunatic wards of poor-houses ...	—	—	—	324	390	714	324	390	714
Private dwellings ...	41	72	113	604	912	1,516	645	984	1,629
	760	764	1,524	3,771	4,467	8,238	4,531	5,231	9,762
Lunatic department of General Prison, Perth	—	—	—	—	—	—	38	17	55
3 training schools for imbeciles	72	49	121	51	23	74	123	72	195
Totals ...	832	813	1,645	3,822	4,490	8,312	4,692	5,320	10,012

We have in this chapter had to record a melancholy condition of things as regards the insane, not only out of asylums, but in them; such a condition as fully

* Twenty-third Report of the Commissioners, 1881.

justified Lord Shaftesbury employing exceptionally strong language in reference to the treatment of lunatics in Scotland.* But this is happily now only *history*, and assuredly the physicians who superintend the Scotch asylums, have done their utmost to wipe out the stain which at one time dishonoured their country's treatment of those who had lost or had never possessed their reason; while the Lunacy Commissioners deserve the highest praise for their continuous and efficient labours in the difficult work to which they have devoted themselves. The efficiency of the asylums in Scotland is now such, owing in great measure to the action taken in 1857, that foreigners, not to say the English themselves, may cross the Tweed to learn from the physicians of the mind, important lessons in the care and cure of the insane. The chartered asylums of that country have for a long period received encomiums from those who have visited them.

Of the Dumfries institution I have already spoken, and would add, in proof of the pains taken by the former superintendent, Dr. Browne, to break the monotony of asylum life, that he introduced private theatricals, in which vaudevilles and farces were performed by and for the lunatics, and even before the public. A practice still beneficially preserved is that of making excursions to places noted for their natural beauty or antiquity, even temporary vacations at the seaside or elsewhere, constituting valuable novelties and auxiliaries in these ministrations to the mind diseased. Such resources, in con-

* See passage quoted in the last chapter of this book.

nection with dramatic festivities, attendance on all accessible entertainments in the neighbouring town, were utilized in affording a stimulus or a solace to inmates of the cultivated classes; nor were the higher aids yielded by religious services and instructions neglected, and, with unwonted liberality of sentiment, chaplains representing the three grand sections into which Christianity is divided, Presbyterianism, Episcopacy, and Catholicism, were appointed, and exercised their functions, it is believed, wisely and discreetly in their respective spheres. The benefit of this step suggested a resort to frequent intercourse between the different ranks of patients, with associates from the external world, and the creation of all arrangements which could recall or assimilate such a place of seclusion with home, rational liberty, and natural pursuits. Whilst the mingling of distinct grades was employed as a remedy, rigid classification was enforced, founded upon position in society, as well as upon the phase or stage of disease. In furtherance of this view it was resolved to remove the paupers and poorer inmates from the original structure, and to erect a distinct apartment, capable of containing four hundred individuals, within the grounds, provided with all necessary requirements, but to be conducted with the most rigid economy and consideration of the resources of the country, as well as of the habits of the patients. This movement was made, and a hospital was added, conducted, however, by the same superintendent and upon precisely the same principles as regulated the Crichton Institution proper. We speak

confidently upon this and other points, because there is before us a series of valuable annual reports, containing not exclusively the history of the progress of the institution, but the results, medical and moral, of the superintendent. For the behoof of both houses a museum of natural history was formed, and proved a considerable attraction in stormy weather, or to lazy or lethargic observers. While in such a climate it was inevitable that indoor objects of interest should be supplied, attempts to draw those under treatment from the deteriorating atmosphere of seclusion were not wanting. Parole was accessible to the trustworthy, under suitable attendants; patients were allowed to travel long distances, and for specific purposes, such as angling, botanizing, and so forth; their presence was permitted in the *fête champêtre* and in country sports, and every effort was made to give to anniversaries, public and private, a prominent place in the annual calendar. But fun and frolic seem to have occupied but a subordinate place, as composition, re-education of every kind, classes for drawing, flower-making, dancing, singing, joining in concerts, are repeatedly insisted upon. But while these engagements availed in winter, promenades, dances on the green, bowling, quoiting, the care of pet animals, and, for a few, interest in the botanic garden, diversified the summer months. These constitute a pleasing and encouraging part of the picture, but it should be broadly and boldly confessed that there were agitated and intractable spirits in the community that could not be tranquillized or guided by such agencies,

and that, although restraint in its vulgar and repulsive aspects was not adopted, seclusion, padded rooms, and the conservative bed were occasionally in use. During the last twenty years the asylum has been under the superintendence, first of Dr. Gilchrist, trained within its walls, and secondly of Dr. Adam, but while there has been undoubted progress, the improvements and ameliorations have been, to a certain extent, the evolution or development of the views and facts which have been above enumerated.

I would add to what has already been said of the Royal Edinburgh Asylum, that the managers appointed Dr. McKinnons, the first physician-superintendent, in 1840, with complete administrative and medical authority. He was a man of advanced ideas, as his reports show. On his death in 1846, Dr. Skae was appointed his successor, and remained at his post till 1873, when Dr. Clouston became physician-superintendent. Dr. Skae extended the reputation of the institution and consolidated its position. His reports were always medical and philanthropic, and, as regards the general public, educative and interesting. By attracting public sympathy and not becoming too official, it has always carried out the original intention of its founders to provide for all classes, and has now no less than eight hundred patients who pay from £30 up to £500 a year. It has a Charity Fund of £10,000; its buildings are scattered, and number nine for patients. Like an old cathedral, it now shows, in common with long-established institutions, such as the York Retreat, the successive ideas of various men and

various times, and one would really regret to see the original shell of these charitable hospitals, though antiquated and a little inconvenient, ruthlessly destroyed to make way for modern structures. In the Edinburgh Asylum are large corridor wards, pavilion wings of different kinds, cottages and cottage hospitals, a mansion in its own grounds, and a seaside house twelve miles off, to which over a hundred and twenty patients go annually. Its present superintendent has still further extended the reputation of this asylum.

Were the object of this work to describe institutions for the insane, instead of giving a general historical sketch of the progress of reform, I should have added notices of other excellent institutions, as those of Gartnavel, Glasgow, so ably superintended by Dr. Yellowlees, and the Lenzie Asylum, where Dr. Rutherford has done wonders.

Of the Scotch royal or chartered asylums and their far-seeing and philanthropic founders it is not easy to speak too highly. For a small country and a poor people to have provided six asylums for all classes before the lunacy legislation of the present day was inaugurated, shows at least that, if it did not initiate a movement in favour of humanity, it could see how good a thing it was to follow in the same path. At the present time in Scotland, through the foresight of the man who established institutions "for all classes," and combined business with philanthropy in making the rich help the poor, there is plenty of middle-class asylum accommodation.

Perhaps nothing could more strongly show what a change has come over the condition of the insane in Scotland, and the praiseworthy efforts now made by those who are responsible for it, than the excellent Report of the Commissioners, published in 1881.* "It is well worth the careful perusal of every one who is interested in the treatment of the insane. In addition to the usual information, there is an attempt made carefully to describe what is special to Scotland in the management of asylums and in the treatment of the insane. In short, the 'Scotch System' is analyzed, and in concise terms we are told what it is and what results have followed. In the body of the Report, under the heading of 'Recent Changes in the Modes of Administering Scotch Asylums,' we have fourteen pages that well deserve and will attract much attention. They will stand as a landmark in the history of the treatment of mental disease. That portion of the Report is a most carefully written piece of true scientific work, containing the facts themselves, the history of their application, the inferences to be deduced from them, and the reasons why the particular results have happened, or the medical philosophy of the matter. . . .

"There were in Scotland on the 1st of January, 1881, 10,012 insane or idiotic persons known to the Scotch Board, being an increase of 378 over the number of 1880. The greater part of this increase, which is an unusually large one for a year, consists of rate-paid

* The succeeding quotation constitutes the analysis given of this Report in the *Journal of Mental Science* for January, 1882.

lunacy. Scotland still holds the honourable position of maintaining a far larger proportion of its insane and private patients than either of the other divisions of the United Kingdom. In Ireland (assuming that all the inmates of private asylums are private patients) 5·5 per cent. only of the insane are supported out of their own means or by their relatives. In England 10·7 per cent. are so supported, while in Scotland 16·4 per cent. are in this category. Of this most remarkable fact we have seen no adequate explanation. Is it the poverty of Ireland and England that place them so far below Scotland in this matter? or the want of asylum accommodation at low rates of board? or the lack of self-respect and natural affection in the peoples? . . .

"There were forty-nine voluntary patients admitted to Scotch asylums during the year, and the Commissioners express a favourable opinion as to this provision of the Scotch lunacy law. The recovery-rate in the asylums was 41 per cent. for the year, and the death-rate on the average numbers resident 7·6 per cent. . . . The reports of the Commissioners' visits to asylums are, on the whole, of a favourable character. There is a cheerful ring about them, a hopeful spirit as to the remedies for present defects, and an encouraging yet stimulating tone towards the medical staff that shows a healthy confidence.

"We now come to the really original and important part of the Report:—

"'*Recent Changes in the Modes of Administering Scotch*

Asylums.—The most important changes that have taken place of late have been manifested chiefly in three directions:—

"'(1) In the greater amount of liberty accorded to the patients; (2) in the increased attention that is devoted to their industrial occupation; and (3) in the more liberal arrangements that are made for their comfort.

"'Each of these changes has been a distinct improvement, and has conferred important benefits on the insane; but the effect of each has been made much more complete from the support it has obtained by being associated with the others. For instance, the removal of restrictions upon liberty could not have been carried so far had steps not been taken to engage the energies of the patients in such occupations as tend both to check the morbid current of their thoughts and to prevent them from fretting at the control to which they must always be more or less subjected, while it is no less true that the comforts with which they are now surrounded render them both more able and more willing to engage in healthful occupations. . . .

"'*The Abolition of Airing-Courts.*—Circumstances such as these, perhaps, prevent any immediate prospect of the universal abolition of walled airing-courts; but the advantages which result from their disuse are now widely recognized. Most of the public asylums in Scotland are already without them, while in several, where they still exist, they are seldom used. One of the advantages which airing-courts with walls were thought to possess was their supplying a place where patients suffering

from maniacal excitement might work off their morbid energy in safety. It can scarcely be denied, however, that the association in confined areas of patients in this state, either with one another or with other patients in calmer mental states, is attended with various disadvantages. The presence of one such patient may be the cause of a great amount of excitement, and a source of irritation and annoyance to those confined in an airing-court along with them. After the disuse of the airing-courts, it was found that such patients could be treated satisfactorily in the wider space of the general grounds. It was found by placing them more immediately in companionship with the attendants, and by keeping them from collision with other patients, that they could be made to vent much of their excitement with less disorder, and could often be saved a considerable amount of it altogether.

"'*The Open-Door System.*—It is only of late years that the disuse of locked doors has been regarded as forming an important feature in the administration of an asylum. Detached houses, or limited sections of the main buildings, the inmates of which consisted chiefly of patients requiring little supervision, have long been conducted in some institutions without locked doors. But the general practice of all large asylums has been to keep the doors of the various wards strictly under lock and key. . . .

"'When an attendant could no longer trust to locked doors for the detention of troublesome and discontented patients, it became necessary that he should keep himself

aware at all times of where they were and what they were doing. And it therefore became his interest to engage them in such occupations as would make them contented, to provide an orderly outlet for their energies, and to divert their minds from thoughts of escape. The relations of an attendant to his patient thus assumed less of the character of a gaoler, and more the character of a companion or nurse; and it was eventually found that this change in the character of the form of control could be adopted in the treatment of a much larger number of the patients than was at first anticipated. It is not difficult to over-estimate the extent to which a desire to escape affects the minds of patients in asylums. The number who form a definite purpose of this kind really constitutes only a very small proportion of them. The special watchfulness required of attendants in guarding against determined efforts to escape, therefore, need be directed to a few only of those under their charge, and it soon becomes habitual to the attendants to keep themselves aware of where those patients are, about whom they entertain doubt. And it should be borne in mind, in regard to this kind of watchfulness, that its very persistency renders it more easily kept up than if it could be occasionally relaxed. It appeared further that the disuse of locked doors had an influence on some of the patients in diminishing the desire to escape. Under the system of locked doors, a patient with that desire was apt to allow his mind to be engrossed by the idea of watching for the opportunity of an open door, and it was by no means infrequent to

find such a patient watching with cat-like eagerness for this chance. The effect of the constantly open door upon such a patient, when the novelty of the thing had worn off, was to deprive him of *special* chances of escape on which to exercise his vigilance, since, so far as doors were to be considered, it was as easy to escape at one time as another; and it was found that the desire often became dormant and inoperative if not called into action by the stimulus of *special* opportunity. It is, indeed, a thing of common experience that the mere feeling of being locked in is sufficient to awaken a desire to get out. This happens both with the sane and the insane; but it is certain that the mental condition of many patients in asylums renders them likely to be influenced in an especial manner by such a feeling. With many, however, the desire to escape dies away when it ceases to be suggested by forcing upon their attention the means of preventing it.

"'It is year by year becoming more clearly recognized that many advantages result from the working of the open-door system, and it has now been adopted to a greater or less extent in most of the Scotch asylums. . . .

"'*Liberty on Parole.*—The practice of permitting certain patients to walk or work in the grounds without constant supervision, and of permitting some to take exercise beyond the grounds on *parole*, has been general in Scotch asylums for many years, but it is now much more extensively adopted in them than it used to be. Like the other removals of restrictions to which we have referred, this has found favour in the eyes of super-

intendents on account of the beneficial effect which it has on the patients, not merely in making their residence in an asylum less irksome, but also by improving their mental condition. The fears which were naturally entertained that this form of relaxation of control would be followed by an increase in the number of accidents and escapes, have not proved to be well founded.

"'In determining the desirability of any kind of restrictive discipline and supervision, it has to be considered, among other things, whether the irritation that it occasions may not render the danger of accidents from violent conduct greater than it would be if such discipline were not enforced. . . .

"'*Benefits arising from the Removal of Restrictions.*—The beneficial effects arising from the removal of the various forms of restrictions on liberty are no doubt due, in great measure, to the increased attention that is given to the features of each patient's condition, for it is only after a careful study of the disposition and tendencies of a patient that a trustworthy opinion can be formed as to the amount of liberty that he is fit to enjoy. But it must also be recognized that the freedom from irksome discipline and restriction tends to remove one of the sources of violent conduct in asylums, and consequently to diminish the number of accidents which result from it. Many patients have, under the freer conditions of their life, become calm and orderly in behaviour to whom the imprisonment in wards under lock and key, the confinement within high-walled airing-courts, and even the feeling of being under the constant supervision of

attendants, were sources of irritation and excitement and causes of violent conduct.

"'There are other advantages which spring from this relinquishing of some of the physical means of detention. One of these, the importance of which will be readily appreciated, is the inducement it affords, not only to superintendents, but to every one concerned in the management of the patients, to acquire a full and correct knowledge of the mental condition and character of each patient. It not only increases the interest they have in ascertaining how far, and in what ways, each patient is fit to be trusted, but it strengthens in a very practical manner their motives for endeavouring to secure his contentment and orderly behaviour. The judging of what is required for these purposes inevitably involves a good deal of intelligent observation of each patient, not only on admission, but during the whole time he is resident in the asylum. It becomes of practical importance to those in charge to note changes in his mental condition, whether in the direction of improvement or the reverse; and thus favourable or unfavourable symptoms are observed and considered which in other circumstances might receive little attention. The general effect of the change of system is to raise the position of the attendants from being mere servants who carry out more or less efficiently the orders of the superintendent to that of persons who have a direct interest in promoting the improvement of the patients, and who find it an advantage to themselves to carry out, to the best of their ability, whatever instructions they

receive with that end in view. A good attendant must always have had more or less of this character, it is true; but even good attendants are stimulated under the freer system to become still better.

"'*Industrial Occupation.*—One effect of the removal of physical restrictions has been to stimulate as well as aid the superintendents of asylums in their efforts to develop the industrial occupation of the patients. The disadvantages of prolonged idleness, to the insane as well as to the sane, and the advantages that result from such occupation as gives exercise to the physical and mental energies without overstraining them, are too obvious to require discussion. It was consequently an important result of the disuse of walled airing-courts and of the open-door system, that it became necessary to engage the attention of patients who were inclined to escape, and also of the much larger number who might wander away without any such definite purpose, so as to keep them under control and supervision. It did not require much study of the mental state of the patients, nor indeed much attention of any kind on the part of their attendants, to insure their safe custody, when the conditions of their life were either to be locked within their wards, to be confined within the high walls of airing-courts, or to be marched in military order at stated periods for exercise. Under such conditions, there was no strong motive for inducing those patients to work who showed no disposition to do so of their own accord. The morbid excitement, the apathies, or the gloomy feelings of many patients were allowed to remain unchecked, and not

unfrequently the mental disease was intensified rather than alleviated. The more restless patients often spent much of their day in pacing the galleries or the airing-courts, nursing their morbid irritability, while others lounged on the benches or crept into corners, and so drifted downwards through the dreary stages of physical and mental decay. It does not require much consideration to show that it would tend to improve all such patients, both in their bodily and mental health, if they were engaged in some regular occupation during a reasonable portion of their time. . . .

"'*The Industrial System cannot be adapted to all Classes of Patients.*—But there are patients, both among those of the private and among those of the pauper class, whom it is undesirable, and whom it would also be wrong, to engage in work. There are cases, for instance, in which, for various reasons, such as physical weakness, it would be directly injurious to the patients to be engaged in active or fatiguing work; and it would be unsatisfactory if it were found that the efforts to develop the industrial system in asylums led to such patients being pressed to work. . . .

"'*Advantage of the Farm as a Source of Occupation.*— . . . The number of persons available for work on an asylum farm is always great; and in those asylums where full advantage has been taken of the opportunities which the farm affords, it is found that the directions in which the labour of patients may be utilized are much more numerous and various than at first sight may appear. For instance, one large outlet for their labour is supplied

by the use of spade husbandry in circumstances in which the ordinary farmer would use the plough. Another outlet is to be found in the cultivation of crops of garden vegetables, which the ordinary farmer does not usually undertake. The carrying out of improvements on the farm or estate also gives employments of various kinds, and it is here, perhaps, that what may be called the elasticity of land as a source of labour for asylum inmates becomes more evident. If the land attached to an asylum is of any considerable extent, it will nearly always happen that important re-arrangements are deemed desirable; and when there is a disposition to encourage improvements of this kind, it is generally found that they afford a very abundant and varied source of labour. Road-making, embanking, draining, fencing, planting, and even building, are generally found to be required; and in connection with these things, and with the work more accurately included under the term agricultural, there are subsidiary forms of industry developed. Indeed, the different kinds of work afforded by the re-arrangements and improvements on an estate prove of great value in asylum administration, for they afford some of the simplest kinds of outdoor labour. Many patients can be engaged in such occupations as digging and wheeling, who can with difficulty be engaged in less simple kinds of work; and by securing an ample supply of such simple work the number of patients who share in the benefits of active healthy labour in the open air is much increased. . . .

"'It is impossible to dismiss the subject of asylum

farms without some reference to the way in which they contribute to the mental health of the inmates by affording subjects of interest to many of them. Even among patients drawn from urban districts, there are few to whom the operations of rural life present no features of interest; while to those drawn from rural districts the horses, the oxen, the sheep, and the crops are unfailing sources of attraction. The healthy mental action which we try to evoke in a somewhat artificial manner, by furnishing the walls of the rooms in which the patients live, with artistic decoration, is naturally supplied by the farm. For one patient who will be stirred to rational reflection or conversation by such a thing as a picture, twenty of the ordinary inmates of asylums will be so stirred in connection with the prospects of the crops, the points of a horse, the illness of a cow, the lifting of the potatoes, the laying out of a road, the growth of the trees, the state of the fences, or the sale of the pigs.

"'*Importance of Active Physical Work for Women.*— . . . An attempt, attended with considerable success, has been made in some asylums to supply this deficiency by the development of the work of the laundry and washing-house. . . .

"'There are two directions in which the worth of the washing-house may be developed. One is by obtaining work from outside sources, as has been done in some institutions, where a considerable amount of washing and dressing is done for persons living in the neighbourhood. Another direction is by avoiding the use in the washing-house of all machinery which diminishes the amount of

hand labour. And we are disposed to regard both these modes as deserving of encouragement. . . .

"'*Difficulties met with in carrying out Improvements.*— . . . In relaxing restrictions upon the liberty of the insane, there is a certain amount of prejudice in the public mind to be met and overcome. There is a feeling of timidity in regard to persons labouring under insanity, which leads to their being regarded as without exception and in all circumstances unfit to be trusted with any degree of liberty. As a result of this, there is a tendency, when a patient in an asylum inflicts injury on others or on himself, to blame the superintendent for having permitted the patient to have such liberty of action as made the inflicting of the injury possible; and there is consequently a temptation, to a superintendent who wishes to avoid adverse public criticism, to adopt restrictive measures of the most complete character.

"'It was under the influence of such views that strait jackets, manacles, and chains were used before the introduction of what is called the system of non-restraint. When such restraints were used it was said that no blame could be attached to persons in charge of a patient for any violent deed which might be perpetrated, because it was held that every possible precaution had been taken to prevent it. The error that lurked beneath this statement was not perceived. It was not recognized that in taking precautions against one set of evils, other evils of a graver character were created. Even the evils which it was sought to avoid were not avoided. The first man from whom Pinel removed the manacles had,

with those very manacles, killed one of his keepers. The superintendent who really takes most precautions against violence is not the man who applies the most complete restrictions upon liberty, but he who weighs the general results of different modes of treatment, and selects that which proves in practice most successful in decreasing the number of violent acts.

"'We cannot hope, in carrying out any system, to exclude the effect of mistakes in judgment and neglects of duty. . . .

"'One difficulty for which no satisfactory solution has yet been found is the finding of employment for male patients during bad weather, when little outdoor occupation is to be had. It would be of great advantage if some simple indoor occupation, adapted to the peculiarities of the insane, were devised which could be taken up occasionally when outdoor occupation failed. . . .

"'*Increased Comfort of Asylums.*—It is satisfactory to record our conviction that all the changes just alluded to have tended not only to facilitate the administration of asylums, and to produce greater contentment among the inmates, but also to exert a real curative influence. The scenes of turbulence and excitement which used to be of frequent occurrence in asylums have become much less frequent, and in the asylums where the changes in question have been most fully carried out, such scenes are comparatively rare. It does not admit of doubt that the occurrence of these fits of excitement had a deteriorating effect on the mental condition of the patients, and often retarded, if they did not in some

cases prevent, their recovery. It is not unusual now to pass through all the wards of some of the larger asylums without observing a single instance of disorderly behaviour, and we believe this is properly attributed to such changes as have just been noted. It is true that excitement may, to some extent, be kept in check by the use of calmative drugs; but we believe we are justified in saying that this practice is largely followed in no Scotch asylum, while it is scarcely adopted at all in those in which manifestations of excitement are least frequent, in which restrictions on liberty are most completely withdrawn, and in which industrial occupation has its greatest development.'"

Lastly in regard to that most important point, on which Dr. Fraser thus speaks:—

"'*The Influences which are at present operating on the Boarding out of Lunatics.*—. . . The influences which, from my experience and observation, I believe to be operating upon these methods of provision for the insane, especially upon the pauper portion, seem to me to be as follows:—

"'1. The efforts of medical officers of institutions to discharge chronic lunatics whom they consider suitable for being cared for in private dwellings.

"'2. The action of inspectors of poor in either initiating the removal of suitable cases, or in seconding the efforts of medical superintendents in this direction.

"'3. The amount and accessibility of asylum accommodation in each district.

"'4. The rate of maintenance in asylums.

"'5. The supply of suitable guardians.

"'6. The influence of the grant in aid.

"'*The Action of Medical Officers of Asylums.*— . . . Owing to my having had at one time the superintendence of the asylum for Fife and Kinross, I am able to deal more satisfactorily with the statistics of this district than with those of other parts of the country. From a return which I have been favoured with, I find that the efforts to send out patients in this district have been effective and successful. During 1880 there have been discharged improved eighteen patients, five of whom were committed to the care of friends, and thirteen of whom were placed under the guardianship of strangers. . . .

"'The question which naturally suggests itself is—What would be the result were this practice possible in every institution, and in every district? On calculation I find that, had an equal proportion of the inmates of all asylums been similarly transferred to private care, no less than four hundred and three patients would have been removed from institutions to care in private dwellings, whereas the fact is that only sixty-eight were so transferred. Only one patient out of the eighteen who were transferred from the Fife and Kinross Asylum has had to be returned to the asylum, and he was one of those who were boarded with friends. . . .

"'*The Action of Inspectors of Poor.*—The efforts of medical superintendents of asylums may do much, but it must be recognized that the success and extension of the boarding system is largely, if not mainly, in the hands of the inspectors of poor. Their action is three-

fold: (1) they may initiate the removal of their chronic insane from institutions; they may co-operate with asylum officers in readily removing such lunatics as these officers intimate to be fit for being boarded out, and in procuring suitable guardians and homes for them; and (3) they may, by well-directed efforts, instead of hurrying every lunatic into an asylum, as the practice with some is, provide in like manner for those idiotic and insane paupers who, even when they first become chargeable, do not require asylum treatment and care. . . .

"'Economy, one of the proper objects of parochial administration, is attained by this method of providing for the insane poor, and not only is it economical, as I will immediately show, but for a large proportion of chronic lunatics it is efficient and beneficial. From a return with which I have been favoured from the City Parish, Edinburgh, the average cost, inclusive of supervision and every other item of expenditure, for the insane boarded with strangers is £19 a year. The asylum rate during the last five years has been £27 per annum.

"'*The Amount and Accessibility of Asylum Accommodation in each District.*— . . . It has now become a matter of everyday observation, that where there is ample asylum accommodation the boarding out of the insane is either entirely neglected or avoided, or but languidly attempted. . . .

"'It follows that ample asylum accommodation though in itself a service and a safeguard to society, is

yet apt to be an inducement to wasteful parochial administration. . . .

"'*The Rate of Maintenance in Asylums.*—In Dumfriesshire, where special circumstances have kept the asylum rate exceptionally low, and where agricultural avocations are well paid, the guardians require a high rate of board, and thus the cost of boarding out, when clothing, medical visits, and other expenses are included, is nearly equal to the rate of maintenance in the asylum for the district.

"'It therefore stands to reason that where the asylum rate is near to that required for outdoor care, the economic inducement to board out will apply only to those patients who have friends willing to have the charge of them. It thus appears that a low rate of maintenance in an asylum is practically prejudicial to the liberty of the chronic insane.

"'*The Supply of Guardians.*—This feature of the system of boarding out the insane will appear to many to be all-important. The excuse which inspectors frequently advance for their lack of co-operation with medical officers of asylums is their inability to find suitable guardians. It is, however, an excuse which my experience does not permit me to regard as valid or sympathize with. . . .

"'*The Influence of the Government Grant.*—I feel I need do no more than mention this agency in increasing the number on the roll of single patients. The way in which it has led to this increase has been fully treated of in the published Reports of the Board. . . .'"

Among the foregoing excerpts from the elaborate

Report of the Commissioners, much, it will be seen, bears on the important question of the "cottage treatment" of the insane. In this direction, at least in the way of attempting to form a sort of lunatic colony (though on a very minute scale) after the manner of Gheel, Scotland has acted more definitely than England. Opinion is divided on the subject, and the measure of success can hardly be said to have been yet determined. Whatever this may be, the counter disadvantages must not be overlooked. Kennoway, in Fifeshire, where the experiment has been tried on a small scale, has had its supporters and detractors. Dr. John Smith, well known for his long practical experience of lunacy, and Dr. J. B. Tuke, at that time the superintendent of the admirably managed Fife and Kinross Asylum, visited Kennoway some years ago, and the report * of the latter was certainly anything but favourable; in fact, that the saving effected was by means detrimental to the lunatic. Notwithstanding, he arrived at the conclusion that the system might be employed with advantage in certain cases, if accompanied by stringent supervision. Dr. Arthur Mitchell, in his evidence before the Parliamentary Committee of 1877, so valuable on all the points to which he spoke, replied to the question why the patients boarded out had decreased in number, if the board approved of the system, that he, although warmly approving of it, was the person who had largely caused this decrease, the reason being that it was found there were a great number of persons totally unsuitable for

* *Journal of Mental Science*, January, 1870.

private dwellings, and others were ill cared for. Hence it was necessary to weed them out. This observation does not specially apply to villages like Kennoway, but to the boarded-out cases, wherever placed.*

Much more of interest might be taken from this Report, but the foregoing will suffice to bring before the reader the salient points in the management of the insane in Scotland at the present day, by which he can judge for himself of the contrast between the present and the past. My main object is with the latter, but it can only be understood by a sketch, however brief, of the former, in each of the three divisions of the United Kingdom.

* Dr. Fraser observes (Report, p. 124): "Dr. Arthur Mitchell, in his work on the insane in private dwellings, shows that this method of providing for the chronic insane is—1st, the best thing for the patient; and, 2nd, the best thing for the country; and in that opinion I heartily concur."

CHAPTER X.

IRELAND.

I HAVE already spoken of the singular tradition which for so long a period invested the Glen-na-galt, near Tralee, with the character of possessing healing virtues in madness. The change which in our practical age has taken place in Kerry, by the substitution of a well-ordered asylum at Killarney, for popular superstitious practices, represents what has been going on throughout the whole of Ireland during the last half century or more. After examining all the Acts bearing on the provision for the insane from the earliest period, and the evidence given before Parliamentary Committees, I must say I find a very large amount of strenuous effort and labour devoted to the improvement of the condition of lunatics, miserably situated as they formerly were in general, when confined in houses of industry or at home in hovels, where their needs could not possibly be attended to, even when, as was doubtless frequently the case, they were regarded with great affection. Sometimes they were looked upon as possessed, and then the appropriate forms of the Church of Rome were employed.

In the evidence given before the Select Committee on the Lunatic Poor in Ireland in 1817, Mr. John Leslie Foster, a governor of the Richmond Asylum,* stated that he had seen two or three lunatics in one bed in the house of industry. There were fifty or sixty in one room. In the same room a lunatic was chained in a bed, the other half of which was occupied by a sane pauper, and the room was so occupied by beds that there was scarcely space to move in it.

Mr. Rice stated that when he visited the Clonwell Asylum in 1814–15, the patients were not clothed; some were lying in the yard on the straw in a state of nakedness. At Limerick he found the accommodation for the patients "such as we should not appropriate for our dog-kennels." There was one open arcade, behind which cells were constructed with stone floors, without any mode of heating or of ventilation, and exposed during the whole of the winter to the extremities of the weather. Thirteen cells were provided for thirty-three lunatics and idiots. As some were furious, the usual mode of restraint consisted of passing their hands under their knees, fastening them with manacles, securing their ankles by bolts, passing a chain over all, and lastly attaching them firmly to the bed. "In this state, I can assure the Committee from my own knowledge, they have continued for years, and the result has been that they have so far lost the use of their limbs that they are utterly incapable of rising." The rooms over the cells were appropriated to the sick. Mr. Rice found twenty-

* Dublin. See *postea*.

four persons lying in one room, some old, some infirm, and in the centre of the room a corpse; one or two were dying. In the adjoining room he found a woman in a state of distraction, the corpse of her child left upon her knees for two days; it was almost putrid. "There was not to be found one attendant who would perform the common duties of humanity. The most atrocious profligacy in another branch of the establishment prevailed."

The condition of a lunatic member of a family among the poor is thus graphically described by a member of the Committee which prepared this valuable Report: "There is nothing so shocking as madness in the cabin of the peasant, where the man is out labouring in the fields for his bread, and the care of the woman of the house is scarcely sufficient for the attendance on the children. When a strong man or woman gets the complaint, the only way they have to manage is *by making a hole in the floor of the cabin*, not high enough for the person to stand up in, with a crib over it to prevent his getting up. The hole is about five feet deep, and they give this wretched being his food there, and there he generally dies. Of all human calamity I know of none equal to this, in the country part of Ireland, which I am acquainted with."

In the physician's report of one asylum for 1816, he speaks of the miserable objects who wander over the face of the country, or are inmates of jails and hospitals. Such do not appear to have taken refuge in any Glenna-galt.

The first asylum for the insane in Ireland (and the only one before the Richmond Asylum) was that founded in Dublin by Swift, whose act would probably have been little known or forgotten, but for the familiar lines in which he himself has immortalized it :—

> "He gave the little wealth he had
> To build a house for fools or mad,
> To show by one satiric touch
> No nation needed it so much."

This asylum was opened in 1745, the population being then between three and four millions. What really induced the Dean of St. Patrick's to perform this act was the knowledge that there was no charitable asylum for the insane—nothing more; at any rate, I am not aware that he contemplated the introduction of any improved method of treatment, or would have thought that chains were unsuitable means of restraint. It appears that his attention had been called to the need of an asylum by "The Proposal" of Sir William Fownes. Swift bequeathed the whole of his estate and effects, subject to certain small legacies, to be laid out in the purchase of land for a hospital large enough for the reception of as many idiots and lunatics as the income of the said lands and effects should be sufficient to maintain.

From its historical associations I was interested in visiting this asylum some years ago, but there is nothing otherwise of special interest in the institution. Writing in 1861,* the Inspectors of Irish Asylums

* "Tenth Report of the District, Criminal, and Private Lunatic Asylums in Ireland."

observe, "Though subject to our inspection, it is not a regularly licensed asylum, being on a charitable foundation. It is unfortunately situated in a most inappropriate locality, and very deficient, from its original construction, in many necessaries." And the Lunacy Inquiry Commission of 1879 observe, "We feel ourselves compelled to state that St. Patrick's Hospital, though possessing an ample endowment, with an accumulated fund in bank of £20,000, and situated in the metropolis, is yet in many respects one of the most defective institutions for the treatment of the insane which we have visited. . . . . The patients wash in tubs in the day-rooms, the water having to be carried all through the house, as no supply is laid on ; the hospital is not lighted with gas 'for fear of explosion'! and passages nearly four hundred feet long have, on winter evenings, no other light than that which is afforded by three or four small candles." The house was badly warmed, and the ventilation far from satisfactory.

Further, while the Dean's will did not contemplate the payments of patients, boarders were admitted at an early period, and this policy went to such a length that while in 1800 there were a hundred and six free and only fifty-two paying patients, there were in 1857 eighty-eight paying patients, and only sixty-six free. As the Commission naïvely remark, "if the diminution of free patients and the increase of paying patients are to continue, it may one day result that no inmates of Dean Swift's Hospital will be maintained entirely out of his bequest, which certainly does not appear to have been

in the contemplation of the founder."* A somewhat brighter picture might have been expected when one reflects that, according to the original charter, the government of the hospital was vested in the Primate, Lord Chancellor, Archbishop of Dublin, Dean of St. Patrick's, Dean of Christ Church, Physician to the State, and Surgeon-General, and seven other persons whose successors were to be elected by a majority of the governors, each of whom was required to be a fit person.

An asylum was erected at Limerick about 1777, and at Cork in 1788.

The Cork Asylum was built on the strength of an unrepealed section in an old Jail Act (27 Geo. III., c. 39, s. 8), which allowed of sums of public money to be "presented" by grand juries for the use of lunatic asylums, without limit, and permitted magistrates to commit to them any individuals, if idiots or insane. It did not provide, however, for the government of the establishment when formed, or for an account of how the money was spent. No medical certificates were required—the magistrate's power was unlimited. Fortunately, however, the Cork Asylum was in good hands (Dr. Hallaran), thanks to which, and not to the law, the institution was as well conducted as in those days it could be. So much was this the case that Mr. Rice stated before the Committee of the House of Commons in 1817, that it was the best managed he had ever seen or heard of, realizing, he added, all the advantages of the York Retreat. He, however, protested against the

* Page 34.

system under which it, like other asylums, was conducted as radically wrong; its success was a success of circumstances, almost of accident.

This Prison Act was at this date the only law which regulated Irish asylums, the only statute by which they could be carried on. All, in fact, depended upon the humanity, skill, and conscientiousness of the superintendent.* I believe, as a matter of fact, Cork was the only county which made use of it.

So far back as 1804, a Select Committee of the House of Commons was appointed to consider the provision for the insane in Ireland, and reported that the provisions of the Act 27 Geo. III., c. 39, empowering grand juries to present the sums necessary for support of a ward for idiots and lunatics, have not been complied with, and that the demand for admission into houses of industry greatly exceeds the accommodation or funds appointed for their support, and that it does not appear that any institution, maintained in any degree at the public expense, exists in any other part of Ireland than Dublin, Cork, Waterford, and Limerick, for their reception. The Committee resolved that the attention and care necessary for the effectual relief of these distressed objects cannot be efficaciously extended to them whilst they are connected with institutions of a very different nature, and that the establishment of four asylums for idiots and lunatics, one in each of the provinces of Ireland, would be a measure highly beneficial.

The result of this Report was that on the 21st of

* See Report of Select Committee, etc., 1817.

March, 1805, leave was given to bring in a Bill for establishing in Ireland four provincial asylums, appropriated exclusively to lunatics and idiots—thus providing for a thousand patients. This excellent Bill shared the fate of so many Bills for English lunatics, and did not become law.

It is worthy of remark that in the Report of the Select Committee (1815) to inquire into the state of English mad-houses, it is stated that the necessity of making some further provision for insane persons appeared to be more urgent in Ireland than in England, as, "with the exception of two public establishments and some private houses, there are no places appropriated separately for the insane."

In 1810 the Government urged upon the House of Commons the necessity of affording some relief to the neglected condition of the insane poor in Ireland, the result being that grants were made for building an asylum in Dublin, called "The Richmond Lunatic Asylum" (55 Geo. III., c. 107). It was opened in 1815, and proved a great boon to the district. Two years afterwards, Mr. John Leslie Foster, one of the governors, in evidence before the Select Committee of the House of Commons on the lunatic poor in Ireland, referred to the humane system of treatment introduced at the York Retreat, "the good effects of which are illustrated in a publication * of Mr. Tuke," and said, "This system appearing to the governors of the Richmond Lunatic Asylum to be founded in good sense,

* "Description," etc., 1813.

they determined on trying the experiment in their new institution, and beg to add, as a proof of this, that there is not in the Richmond Asylum, to the best of my belief, a chain, a fetter, or a handcuff. I do not believe there is one patient out of twenty confined to his cell, and that of those who are confined to their cells, in the great number it is owing to derangement of their bodily health rather than to the violence of mania." He speaks of the superintendent as the "moral governor," whose particular business it is to attend to the comforts of the patients, to remove from them causes of irritation, to regulate the degrees of restraint, and to provide occupation for the convalescent.

The Richmond Asylum did not serve, as was hoped and expected at that time, to supply accommodation for a large portion of Ireland. To the amazement of those who had induced Parliament to make what they deemed so ample a provision, it was soon found that not only was the asylum full to overflowing, but the house of industry was soon as full as before, and that as to finding accommodation for those at a distance, it was altogether out of the question. At first, sanguine hopes were raised by the large number of recent cases discharged cured, and the common but fallacious inference was drawn that, had all the chronic cases in the houses of industry or at large been fortunate enough to be placed under asylum treatment in the first stage of their malady, they would also have been cured in like proportion. Unfortunately, the accumulation of incurables, even in asylums, opened the eyes of many to

the fallacy of this inference.* Other asylums were, therefore, it was seen, required.

"Your Committee," observe the Select Committee of the House of Commons of 1817,† "beg leave to call the attention of the House to the detailed opinion expressed by the governors of the Richmond Asylum, that the only mode of effectual relief will be found in the formation of district asylums, exclusively appropriated to the reception of the insane." It appeared that, with the exception of the Dublin institution, that at Cork, and one at Tipperary, there was not provision made for more than one hundred lunatics throughout the whole of Ireland. The Committee proposed that, in addition to the asylums in Dublin and Cork, there should be built four or five additional asylums, capable of containing a hundred and twenty to a hundred and fifty lunatics each. They recommended that powers should be given to the Government to divide Ireland into districts, and that the expense should be borne by the counties included within the several districts. The consequence of this Report was the Act 57 Geo. III., c. 136,‡ afterwards repealed, but re-enacted with amendments by the 1 and 2 Geo. IV., c. 33; 6 Geo. IV., c. 54;

* "The accumulation of the number of incurable cases which necessarily must have occurred from time to time in these asylums, had also been overlooked, and has consequently led to the embarrassment which is felt at present with respect to the best mode of providing for them."—Report of the Inspectors, 1843.

† "Report from the Select Committee on the Lunatic Poor in Ireland, with Minutes of Evidence taken before the Committee, 1817."

‡ "An Act to provide for the Establishment of Asylums for the Lunatic Poor in Ireland, 1817." Introduced by Mr. V. Fitzgerald, but prepared by Mr. Thos. Spring Rice, M.P. for Limerick.

and 7 Geo. IV., c. 14. These statutes enacted that the cost of asylums, advanced from the Consolidated Fund, was to be ultimately paid by the counties; that all the principal officers were to be appointed by the Lord Lieutenant, the general superintendence being vested in a Board of Commissioners, named by the Government but acting gratuitously; that the asylums should be brought under the annual review of the inspectors-general of prisons by the 7 Geo. V., c. 74, and should be noticed in the reports submitted annually to Parliament. The inspectors-general had power to enter private as well as public asylums.

The first really effective Act of Parliament, directing the erection of asylums for the insane poor in Ireland, was, then, that which we have mentioned as passed in the year 1821, and formed the 1 and 2 Geo. IV., c. 33.* The Lord Lieutenant (not the justices, as in England) was authorized to establish any number of these asylums (to accommodate not less than one hundred and not more than one hundred and fifty paupers) when and where it seemed expedient, while for this purpose eight Commissioners were nominated to superintend the execution of the work. Some years elapsed before asylums were built. Then nine, capable of accommodating nine hundred and eighty patients, were commenced at Armagh, Ballinasloe, Carlow, Clonmel, Limerick, Londonderry, Maryborough, and Waterford, for their respective districts, some being composed of no less than five counties. It is stated that such was the dislike

* Repealing 57 Geo. III., c. 106, and 1 Geo. IV., c. 98.

of the humbler classes to the name of mad-houses, that they were not fully occupied until 1835. The eight Commissioners retired, and the Board of Works took their duties upon them, and acted until 1861, when the 18 and 19 Vict., c. 109, enacted that two members of the Board, including the chairman, and the two Inspectors of the insane, should be appointed Commissioners of general control and correspondence.*

The grand juries of assizes were to present such sums as should be required for asylums. In 1826 an Act was passed (7 Geo. IV., c. 74) which continued and extended the former provisions, viz. that the inspectors-general of prisons should be inspectors of lunatic asylums in Ireland; that no person should keep a house for the reception of insane persons unless licensed; that justices of the peace might grant them; that no person should be received into or retained in a licensed or unlicensed house without an order and the certificate of a medical man not interested in such houses; that licensed houses not kept by a physician should be visited by a medical man once a fortnight; that the inspector must visit such houses once in six months, and may make special visits, and after two such visits may liberate a patient; and that the inspectors should make an annual report to the Lord Lieutenant and Lord Chancellor. This Act did not apply to public asylums. It was to commence and take effect in the county and city of Dublin, and to remain in force till August 1, 1845. It may be well

* See Twenty-seventh Report of Inspectors of Asylums, May 1, 1878.

to note here that in 1826 "the numbers of lunatics and idiots in every public asylum in Dublin, and in every asylum in Ireland,"* erected under the provisions of the Act 1 and 2 Geo. IV., c. 33, and 55 Geo. III., c. 107, were only as follows :—

CITY OF DUBLIN.

	Lunatics.	Under what Act maintained.
Richmond Lunatic Asylum	252	55 Geo. III., c. 107.
House of Industry Lunatic Asylum	461	
	713	

ERECTED UNDER 1 AND 2 GEO. IV., c. 33.

	Lunatics.	Idiots.
District Lunatic Asylum, Armagh ...	52	6

The following table shows, at a glance, the number of lunatics and idiots confined in 1826, and maintained in the public institutions, supported wholly or in part by grand jury presentments in Ireland.

Location.	Lunatics.	Idiots.	Under what Act maintained.
Antrim County Jail ...	1	2	Prison Acts.
,, House of Correction	2	1	Ditto.
Carlow County Jail ...	3	—	Ditto.
Cavan County Jail ...	7	1	Ditto.
Cork County and City Lunatic Asylum ...	254	38	27 Geo. III., c. 39, s. 8.
Clare Lunatic Asylum ...	12	1	Ditto.
Donegal Lunatic Asylum	12	6	Ditto.
Down County Jail ...	10	3	Prison Acts.
Fermanagh County Jail ...	1	—	Ditto.
Kildare County Jail ...	1	—	Ditto.
Kilkenny County Jail ...	2	—	Ditto.
,, City Jail ...	7	1	Ditto.
Carried forward ...	312	53	

* Parliamentary Return, ordered to be printed, April 19, 1826.

Location.	Lunatics.	Idiots.	Under what Act maintained.
Brought forward ...	312	53	
Kilkenny House of Correction	8	—	Prison Acts.
King's County Jail ...	4	—	Ditto.
Leitrim County Jail ...	3	1	Ditto.
Limerick County Jail ...	1	—	Ditto.
,, House of Industry	59	3	46 Geo. III., c. 95.
Londonderry County Infirmary	13	12	45 Geo. III., c. 3, s. 1.
Longford County Jail ...	-	2	
Mayo Bridewell ...	17	5	
Meath County Jail ...	1	—	Prison Acts.
Queen's County Jail ...	1	—	26 Geo. III., c. 27, s. 4.
Roscommon County Jail ...	20	2	Prison Acts.
Sligo County Jail ...	5	4	Ditto.
Tipperary House of Industry	26	13	46 Geo. III., c. 95, s. 2.
Tyrone County Jail ...	—	10	Prison Acts.
Waterford County and City House of Correction ...	49	44	46 Geo. III., c. 95, s. 2.
Wexford House of Industry ...	27	11	
	546	160	

The accumulation of incurables pressed heavily upon the Richmond Asylum, where, as I have said, the most sanguine hopes were at first raised as to the cure of the great majority of the patients. The governor thus wrote in 1827 to the Right Hon. W. Lamb :—

" In reference to the paragraph in Mr. Spring Rice's letter [to Mr. Lamb] which suggests the inquiry how far the asylums in Ireland have proved effectual, I am directed to state that a very considerable accumulation of incurable lunatics has taken place in this asylum within the last few years, and for the reception of whom the House of Industry is inadequate. In consequence the Richmond Lunatic Asylum, which was established for the relief of curable lunatics, is at present occupied by

one hundred and seventeen patients, whom the medical officer deems incurable. I am likewise directed to state that, notwithstanding the relief afforded by two provincial asylums now open for the reception of patients, viz. Limerick and Armagh, the number of applicants for admission to this asylum has not diminished." *

One is amused, even while wading through these dry Parliamentary returns on a painful subject, by meeting with such a passage as the following, written by Dr. Thomas Carey Osborne in his report of the Cork Asylum. Speaking of the symptoms of a young maniac, cured by electricity, he says, "When in the yard, he would look intently on the sun if permitted, until the *albuginea* became scarlet, and the tears flowed down the cheeks, unconscious of inconvenience." His report is very pedantic, full of quotations from the Scriptures, Shakespeare, and other poets. His style is shown in what he says of Dr. Hallaran, his excellent predecessor in office at the Cork Asylum for more than thirty years, when he informs his reader that the "infuriated maniac and the almost senseless idiot expressed sorrow for his decease and deplored him as a friend."

One case reported by the doctor is worth recording. He had been some years under treatment, and his insanity was attributed to the loss of a hooker off the western coast, his only property, which he had purchased after much toil as a fisherman. His character was melancholic, and he conducted himself with propriety. He

* Parliamentary Papers, Correspondence, etc., between the Home Office and the Irish Government during 1827 on Public Lunatic Asylums.

was appointed door-keeper, and filled his situation with such kindness and good humour that he was generally esteemed. He had the whimsical illusion of having been introduced into the world in the form of a salmon, and caught by some fisherman off Kinsale. He was found one morning hanging by a strip of his blanket to an old mop nail, which he had fixed between the partition boards of his cell, having taken the precaution of laying his mattress under him to prevent noise in case of his falling.*

In 1827 the total number of persons in confinement was reported to be:—

Location.	Lunatics.	Idiots.	Totals.
Richmond Asylum	168	112	280
Lunatic ward of House of Industry	442	—	442
Private asylums (4) near Dublin ...	101	—	101
City and County Asylum, Cork ...	138	64	202
Asylum at Waterford	103	—	103
,, Armagh	64	—	64
Jail at Lifford	18	—	18
Private house, Downpatrick ...	17	—	17
County Infirmary, Derry	12	—	12
Old Jail, Roscommon ...	19	—	19
Asylum, Ennis	14	—	14
,, Kilkenny	14	—	14
House of Industry, Tipperary ...	32	—	32
,, Waterford ...	57	48	105
,, Wexford ...	37	—	37
Asylum, Limerick	74	—	74
Dean Swift's Hospital	50	—	(about) 50
Total	1360	224	1584

Sir Andrew Halliday, aware that these numbers bore no proportion to the actual number of insane

* First Annual Report of the City of Cork Asylum, dated March 1, 1827.

and idiots in Ireland, reckoned the number at three thousand.

In 1830 the Richmond Asylum, Dublin, was converted into a District Lunatic Asylum for the city of Dublin by the Act 11 Geo. IV., c. 22.*

Passing on to 1842, the Solicitor-General for Ireland in that year introduced a "Bill for amending the Law relating to Private Lunatic Asylums in Ireland," which became law August 12, 1842. It is not necessary, however, to give its details in this place, and I shall proceed to notice the important Report of the Committee of the House of Lords, with minutes of evidence, which was issued in 1843.† A table is given of the district asylums and the Cork Asylum, from which it appears that at that period the number amounted to ten, viz. Armagh, Belfast, Carlow, Clonmel, Connaught, Limerick, Londonderry, Maryborough, Richmond, and Waterford.

These ten district asylums contained upwards of 2000 patients, although built to contain only 1220. As 688 were found to be incurable, the Committee reiterated the warning given at the Committee of 1817, that if fresh provision were not made, the institutions would shortly become "asylums for mad people, and not hospitals for the cure of insanity." As to the treatment, it is reported that "the system of management adopted in the district

* For particulars in regard to the condition of the insane in Ireland in this year, see "Report of the Select Committee appointed to take into consideration the state of the poorer classes in Ireland in relation to Lunatic Asylums, 1830."

† "The Report of the Lords' Committee appointed to consider the state of the lunatic poor in Ireland, and to report to the House."

asylums appears to have been, with the exception of one case of gross misconduct and abuse, very satisfactory. . . . A humane and gentle system of treatment has been generally adopted, the cases requiring restraint and coercion not exceeding two per cent. on the whole. The system is one which, if applied exclusively to the cure of the malady, and if the asylums were relieved from the pressure produced by the increasing number of incurables, appears to the Committee in its essential points to be deserving of confidence and of approval; but, unless so relieved by some alteration of the present law and of the present practice, the admission of new cases must necessarily be limited, and may ultimately be restricted within very narrow bounds indeed. The necessity of some change in this respect is admitted by all the witnesses, as well as proved by the documentary evidence before the Committee. The number of persons refused admission for want of room has in the present year amounted to one hundred and fifty-two."

At this period, beside the district asylums, there were Swift's Hospital, and other establishments provided for the custody of pauper lunatics, supported by local taxation, and connected more or less with the old houses of industry. At Kilkenny, Lifford, Limerick, Island Bridge, and in Dublin (the House of Industry) local asylums existed, characterized as "miserable and most inadequate places of confinement," and were under the authority of the grand juries, the funds being raised by presentment or county rate. "The description given of these latter most wretched establishments not only

proves the necessity of discontinuing them as speedily as accommodation of a different kind can be provided, but also exemplifies the utter hopelessness, or rather the total impossibility, of providing for the due treatment of insanity in small local asylums. No adequate provision is made, or is likely to be made in such establishments, for the medical or moral treatment of the unfortunate patients. Hence the necessity of a coercive and severe system of treatment. The chances of recovery, if not altogether extinguished, are at least reduced to their very lowest term. . . . Whilst a general improvement has taken place in the management of the insane throughout other establishments of Ireland, these local asylums, if indeed they deserve such a name, have continued in the most wretched state." Evidence of the strongest kind is given to impress upon Parliament the necessity of an immediate discontinuance of this part of the system.

It would carry us too far to enter at length into this evidence. One or two facts must suffice as examples of the rest. At Wexford, where, in the cells for lunatics, there were two patients in restraint, one of whom was chained to a wall, Dr. White, the Inspector of Prisons, thus described the latter: "When I went to his cell with the keeper and the medical officer, I asked to go in. He was naked, with a parcel of loose straw about him. He darted forward at me, and were it not that he was checked by a chain round his leg, and was fastened by a hook to the wall, he would have caught hold of me, and probably used violence. I asked how it was possible they

could allow a man to remain in such a state; they said they were obliged to do so, as the funds were so limited that they had not money to buy clothes for him, and that if they had clothes they would have let him out. . . . I went to another cell, and though the individual was not chained, he was nearly in as bad circumstances as the other. Altogether these two cases were the most frightful I ever witnessed. I could not describe the horror which seized me when I saw them. I went into a room, a very gloomy-looking room, very low, and in this room there was a fireplace, which was guarded by one of those large grate-protectors that are very high up; I looked around and heard some one moaning, and on the top of this screen I saw two unfortunate lunatics stretched out; they were trying to warm themselves through the bars of the grating; the room was so dark that I could not see them at first, and here they were allowed to creep about and to lie in this kind of unprotected manner." In reply to the question, "Was there any moral superintendence?" Dr. White said, "There was both a male and female keeper, but they appeared to me totally unfit for the discharge of their duties."

The number of lunatics confined in jails was found by the inquiry of 1843 to have increased, partly in consequence of the Act 1 and 2 Vict., c. 27, for the more effectual provision for the prevention of offences by insane persons. Two justices were authorized, acting with the advice of a medical man, to commit to jail any person apprehended under circumstances denoting derangement of mind and a purpose of committing

crime. A subsequent clause authorized the Lord Lieutenant to transfer such person, as well as convicts, to a lunatic asylum. No steps had been taken to ascertain whether, on the one hand, the jails afforded any accommodation whatever for such lunatics, or whether, on the other, convict lunatics could be properly received into the district asylums. The statute operated widely. Previous to it, in 1837, there had been only thirty-seven lunatics in jails, while by the year 1840 they had augmented to one hundred and ten, of whom eighty-one were maniacs, seventeen were idiots, and twelve were epileptics; while by the 1st of January, 1843, the number amounted to two hundred and fourteen. Of these only forty had been convicted of any criminal offence, showing that the application of the Act had gone much beyond the intention of its framers. Thus it was that "the numbers crowding the county jails were truly distressing, and were made the subject of universal complaint by the local authorities." *

The Lords' Committee, of course, insisted on the necessity of discontinuing the committal of lunatics to jails and bridewells, and amending the Act 1 Vict., c. 27, which had led to such serious abuses; the inexpediency of appropriating the union workhouses or houses of industry to the custody or treatment of the insane; the necessity of providing one central establishment for criminal lunatics, under the immediate control and direction of the Government of Ireland, to be supported from the same funds and under the system

* Report of the Lords' Committee.

adopted in respect to criminal lunatics in England; the necessity of increasing the accommodation for pauper lunatics in Ireland, and of providing for the cases of epilepsy, idiocy, and chronic disease by an increased number of the district asylums, by enlargement of these asylums, or by the erection of separate establishments, specially appropriated for these classes of patients.*

At this Committee Dr. Conolly gave the results of his non-restraint experience at Hanwell since September, 1839.

The following tabular statement, delivered in at the Committee by the Rev. E. M. Clarke, presents a valuable picture of the state of lunacy in Ireland on the 1st of January, 1843:—

1. Population of Ireland in 1841	8,175,238
2. Total insane confined January 1, 1843	3,529
3. Total curable, comprised in No. 2	1,055
4. Total incurable, ditto	2,474
5. Total curable (not including private asylums) confined January 1, 1843	848
6. Number for which the district asylums were first built	1,220
7. Number confined in district asylums, January 1, 1843 ...	2,061
8. Confined in other than district asylums, January 1, 1843	1,468
9. Number confined in thirty-two jails, January 1, 1843 ...	211
10. Number confined in workhouses, March 31, 1843 ...	557
11. Number of curable cases confined in thirty-two jails, January 1, 1843	78
12. Number of curable cases in district asylums, January 1, 1843	698
13. Number of incurable cases in district asylums, January 1, 1843	1,368

* Orders in Council were in consequence issued for the erection of the new district asylums, under the statutes 1 and 2 Geo. IV. and 7 Geo. IV., c. 14, which will be found on another page.

A correspondence took place between the Irish Government and the managers of the district asylums on the subject of the Report of the House of Lords' Committee on the state of the lunatic poor, commencing November, 1843, by a letter from Lord Elliot to the superintendents, asking for their opinion. These unanimously endorsed the conclusions arrived at by the Committee, and, in some instances entering into the mode of inspection of asylums by the two inspectors-general of prisons at their half-yearly visitation of gaols, asserted that "it must from a variety of causes be of no use whatever."

The Irish Government also opened a correspondence in 1844 with the grand juries of each county, and their opinion was asked as to the eligibility of the sites proposed for new asylums. As the Acts of Parliament limited the number of patients in any single asylum, it was sought to remove this obstacle by an Act in 1845, 8 and 9 Vict., c. 107. This Act also provided for the erection of a central asylum for criminal lunatics, which carried out one important recommendation of the Lords' Committee. The Cork Asylum was at the same time added to the district asylums.

In 1846 an Act (9 and 10 Vict., c. 115) was passed to amend the laws as to district asylums in Ireland, and to provide for the expenses of inspection of asylums.

From a return made in this year (1846) showing the total number of lunatics in the district, local, and private asylums and jails on the 1st of January during each of the previous ten years, I observe that in 1837 there was

a total of 3077, and in 1846 a total of 3658, thus distributed :—

Year.	District Asylums.	Local Asylums.	Private Asylums.	Jails.	Total.
1837	1610	1236	152	79	3077
1846	2555	562	251	290	3658
	Inc. 945	Dec. 674	Inc. 99	Inc. 211	Inc. 581

Of the 3658, as many as 2473 were incurable, leaving only 1185 curable patients. For 1846 there is also a return of the number in poor-houses, 1921 ; wandering idiots and simpletons, 6217 ; lunatics under the care of Court of Chancery not in asylums, 76 ; making a total of 11,872, of whom 327 only were private patients.

In the following year the annual report of the Inspectors thus speaks of non-restraint: "The non-restraint system has been introduced, and is generally acted on, mechanical restraint being seldom applied except where the patients are very violent, and even then it is not often resorted to, as a temporary seclusion is now substituted as a more effectual means of tranquillizing the patients without the risk of personal injury often resulting from the application of bodily restraint, and arrangements are being made to have apartments fitted up for this purpose in each asylum."

The percentage of cures and mortality during the previous seven years was as follows :—Per cent. on the admissions, 38·65 ; mortality calculated on average number resident, 8·39—not an unsatisfactory return.

In 1849 the proportion of lunatics (*i.e.* ascertained) to the population in Ireland was 1 to 900, while in Scotland it was 1 to 740, and in England 1 to 870.

In their report of this year, the Inspectors of Asylums express their regret that no provision exists for the insane who, not being paupers, are legally inadmissible into the public institutions, and are unable to meet the charges made in private asylums, the only mixed institutions being St. Patrick's Hospital and the Retreat in Dublin, managed by the Society of Friends.

The number of patients in the district asylums in 1851 (exclusive of Cork, 394) was as follows :—

	No.	Opened.
Armagh	131	1824
Belfast	269	1829
Carlow	197	1832
Clonmel	197	1834
Ballinasloe	312	1833
Limerick	340	1827
Londonderry	223	1829
Maryborough	192	1833
Richmond	279	1815
Waterford	115	1835
Total	2255	

In 1855 * the Act 18 and 19 Vict., c. 76, continued the Private Asylum Act of 5 and 6 Vict. The 9 and 10 Vict., c. 79, and 14 and 15 Vict., c. 46, were continued till

* This Act was preceded by the Select Committee of Lunatic Asylums (Ireland), moved by Colonel Dunne. Dr. Nugent, the Inspector of Asylums, gave in his evidence a minute description of the system under which asylums have been erected in Ireland, and stated that the expenditure on the seven asylums built since 1847 amounted to £313,973. In the same year a Commission was appointed to inquire into the erection of district lunatic asylums, which reported in 1856.

1860. The Act 18 and 19 Vict., c. 109, made further provisions for the repayment of advances out of the consolidated fund for the erection and enlargement of asylums for the lunatic poor in Ireland. Seven asylums had been built under the Board of Works since 1847.

By far the most important attempt to take steps for the reform of Irish lunacy was the appointment of a Royal Commission in 1856, to inquire into the state of lunatic asylums and other institutions for the custody and treatment of the insane in Ireland. Among the Commissioners of Inquiry were Mr. Lutwidge, Mr. Wilkes, and Dr. Corrigan. The Report was issued in 1858. They found that on January 1, 1857, the total number of patients in asylum districts amounted to 5225, of whom 1707 were in workhouses, 166 in jails, and 3352 at large, while the inmates of district asylums numbered only 3824. They therefore urged the pressing need of additional accommodation. They proposed that the Irish law should be assimilated, with respect to single patients, to the 16 and 17 Vict., c. 97, s. 68, the police being empowered to bring before a magistrate any wandering lunatic, and justices of the peace having power on sworn information to cause such person to be brought before them. They also regarded as absolutely necessary a total alteration of the rules affecting the manager and physician of an asylum, previous rules having been drawn up in contemplation of the former officer not being a medical man. Among other recommendations, there were proposals in reference to private asylums, for which no legislative enactment was passed

prior to 1826 (7 Geo. IV., c. 74),* and no special law for licensing them or securing their proper management until 1842, when the statute of 5 and 6 Vict., c. 123, enacted that the Inspectors-General of Prisons, whose duty it was to inspect private asylums, should be Inspectors of Lunatic Asylums—a function which, with others connected with asylums, was by the 8 and 9 Vict., c. 107, transferred to the then newly appointed Inspectors of Lunatics. The Commission proposed that the power of issuing licences should be transferred from the justices to the Inspectors of Lunatics; that the licence should require that some medical man should reside on the premises; that any abuse, ill treatment, or wilful neglect of a lunatic by the superintendent or any other person employed in the care of lunatics, should be deemed a misdemeanour, and punished accordingly; and that, for inspection, licensed houses should be visited by one or more of the Commissioners four times a year. Many other important recommendations were made by the Commission, some of which bore fruit in subsequent Irish legislation, but to how limited an extent is evident from the recommendations of another Commission, to which we shall shortly refer.

The Commissioners notice the culpable disregard with which the rule of the Privy Council, which requires that "the manager is to take charge of the instruments of restraint, and is not, under any pretence, to allow the unauthorized use of them to any person within the establishment; all cases placed under restraint, seclusion,

* The Prisons Act.

or other deviation from the ordinary treatment, being carefully recorded by him in the daily report, with the particular nature of the restraint or deviation resorted to," has in many instances been treated. So also had the rule that the superintendent was to enter in the Morning Statement Book "the names of those in restraint or seclusion, and the causes thereof." Some managers were not aware of the existence of the rule, while others deemed it a sufficient compliance with the rules to leave the instruments of restraint in charge of the keepers, trusting to their integrity to report the cases in which they were used. In one asylum a female patient was strapped down in bed with body-straps of hard leather, three inches wide, and twisted under the body, with wrist-locks, strapped and locked, and with wrists frayed from want of lining to straps, and was seriously ill, but yet no record had been made in the book. "Wrist-locks and body-straps were hung up in the day-room, for application at the attendants' pleasure. A male patient was strapped down in bed; in addition, he was confined in a strait waistcoat with the sleeves knotted behind him; and as he could only lie on his back, his sufferings must have been great; his arms were, moreover, confined with wrist-locks of hard leather, and his legs with leg-locks of similar kind; the strapping was so tight that he could not turn on either side; and any change of position was still more effectually prevented by a cylindrical stuffed bolster of ticken, of about ten inches thick, which ran round the sides, and top, and bottom of the bed, leaving a narrow hollow, in the centre of which the lunatic

was retained, as in a box, without power to turn or move. On liberating the patient and raising him, he was very feeble, unable to stand, with pulse scarcely perceptible, and feet dark red and cold; the man had been under confinement in this state for four days and nights;" yet the manager stated he was not aware of his having all these instruments of restraint upon him, and no record of the case appeared in the book.

At another asylum the Commissioners found a bed in use for refractory patients, in which there was an iron cover which went over both rails, sufficiently high to allow a patient to turn and twist, but not to get up.

Before leaving the Report of the Commissioners of 1858, we may add that, during the period comprised between the date of the Committee of 1843 and this Commission, the number of district asylums was increased from ten to sixteen, affording additional room for 1760 patients, exclusive of Dundrum and a large addition to the Richmond Asylum. Thus:—

Name of asylum.	When first opened.		
	Date.	Cost including site.	Number of beds.
		£ s. d.	
Cork	1852	79,827 1 5	500
Kilkenny	1852	24,920 12 1	150
Killarney	1852	38,354 8 3	250
Mullingar	1855	37,716 15 9	300
Omagh	1853	41,407 12 2	310
Sligo	1855	39,769 0 7	250
Total ...	...	261,995 10 3	1760

The Report of the Commission recommended that

parts of the workhouses should be adapted and used for some of the incurable class of patients. This was not done, and we cannot be surprised, seeing the unfortunate state of these abodes. But, in addition to the removal of incurable cases to workhouses, the Commissioners recommended additional buildings in connection with existing asylums, for the reception of cases which, although incurable, might yet, from their habits or dangerous tendency, be considered improper cases to be removed from institutions especially devoted to the treatment of insanity. They were satisfied that the number of district asylums would be found more and more inadequate for the wants of the country.

There was a Select Committee of the House of Commons on lunatics in 1859.* In the minutes of evidence great stress is laid upon the necessity of providing, in Irish asylums, accommodation for the class immediately above paupers, whose friends were willing to pay a small additional sum for their maintenance; and also establishing district asylums, similar to the chartered asylums in Scotland. Two years later (1861), and three after the Royal Commission, the Act 24 and 25 Vict., c. 57, continued the various Acts respecting private and public asylums (5 and 6 Vict., c. 123; 18 and 19 Vict., c. 76). The subsequent Act of 1867 (30 and 31 Vict., c. 118) provided for the appointment of the officers of district asylums, and amended the law relating to the custody of dangerous lunatics and idiots. These were

* See p. 191. Irish lunacy is only incidentally noticed in this evidence, which had primary reference to England.

not to be sent to any jail in the land after January 1, 1868. Dangerous lunatics previously had to pass through jails, instead of going direct to asylums. The 31 and 32 Vict., c. 97, made provision for the audit of accounts of district asylums, and is of no general interest.

During three years (1866–69) six additional asylums were erected, viz. :—

Name of asylum.	When first opened.		
	Date.	Cost including site.	Number of beds.
		£ s. d.	
Ennis	1868	51,316 8 6	260
Letterkenny	1866	37,887 5 3	300
Downpatrick	1869	60,377 6 5	300
Castlebar	1866	34,903 14 11	250
Monaghan	1869	57,662 5 5	340
Enniscorthy	1868	50,008 0 6	288
Total ...	...	292,155 1 0	1738

Returning to 1861, the tenth report of the Inspectors of Asylums, issued in that year, gives much important information on the state of lunacy in Ireland at that time, but there are only two points to which it is necessary to refer here. The writers, Drs. Nugent and Hatchell, speak indignantly of the shameful manner in which the friends of lunatics in confinement neglect them, "as if their malady entailed a disgrace on those connected with them . . . months—nay, years—passing without an inquiry being made by a brother for a brother, or a child for a parent."

After stating that during the previous ten years four

new asylums had been licensed, the Inspectors recur to the importance of supplying asylums for patients who, unable to pay the ordinary charge of a private asylum, not being paupers, are ineligible for admission into public asylums.

In 1874 a new code of rules, issued by the Privy Council, contained many important regulations. Of it, however, the late Dr. Robert Stewart * observed, "On the whole, we cannot speak very highly of the tact or wisdom shown by the Lord Lieutenant and Privy Council in the framing of the new code of regulations." † In this code the duties of the medical superintendents of Irish asylums are minutely laid down.

In 1878 a Lunacy Inquiry Commission was appointed by the Lord Lieutenant of Ireland, the Report of which in the following year, after an examination of a large number of witnesses, contains much valuable information as to various questions connected with the asylums and the provision for the insane poor, present and future. The following "most distressing case," recorded by the Commission, speaks loudly of the need of increased provision for the insane poor in Ireland :—

"On approaching a small farmhouse at a place called ——, I heard," says Dr. Robertson, "a most peculiar howling noise, and, to my horror, when I came near the house I saw a lunatic *stark naked*, confined to a room, and looking through the wooden bars that closed the

* The medical superintendent of the Belfast Asylum, one of the best-managed institutions of Ireland.

† *Journal of Mental Science*, April, 1875.

windows, for there was no glass whatever. He is about nineteen years of age, and I heard from his mother that up to ten or eleven years he was a most intelligent boy; but at that age he suddenly lost the power of speech and became moody and abstracted, wandering about the fields alone, and constantly uttering a low, muttering noise, and with incessant tendency to mischief. By careful watching, the family prevented him injuring himself and others, until of late he has got so strong and unmanageable, and his inclination for destruction is so great, that they have been obliged to confine him in the room I have described. He breaks the window directly it is glazed, tears his bed-clothes into shreds, and won't allow a stitch of clothing to remain on his body; besides, his habits are most disgusting." * The incumbent of the parish wrote: "This case is indeed only suited for a lunatic asylum. The form which his lunacy has assumed is most shocking, and is detrimental to morality." An English tourist happening to see this case had him removed to the Monaghan Asylum. One cannot but remark that what an English tourist did, the proper authorities ought to have done. The law appears to have been sufficient for the occasion.

The members of the Commission were not content with hearsay evidence. "We took occasion ourselves," they report, "to visit several of these cases in different parts of the country. Some of them we found in a deplorably neglected condition; others disturbing the arrangements of a whole family, the head of which

* Dr. Robertson to the Inspector of Lunacy, Report, p. lxxxvii.

would willingly contribute a small sum towards maintenance in some suitable place of refuge. It admits of no doubt that many a case, if taken in hand at an early stage, might have been restored to society, instead of lapsing into hopeless, incurable insanity. Serious evil often results from the freedom with which idiots of both sexes are permitted to wander abroad, often teased and goaded to frenzy by thoughtless children, often the victims of ill treatment or the perpetrators of offences far worse. The interests of the public, no less than of the insane, require that means should be adopted to ascertain that all of that class are properly cared for. That can only be done by substituting the visit of a medical man for that of the constable, and a professional report for the imcomplete return that is now made."

The chief conclusions were, that while it would not be proper to dispense wholly with any workhouse, portions of some might be dispensed with for sane paupers, and appropriated for the accommodation of a certain class of the insane. Over-crowding, it was proposed, should be relieved by the removal of lunatics to *auxiliary asylums*. School buildings belonging to certain workhouses were suggested as auxiliary asylums, as in Dublin, Cork, etc. For the better cure, relief, and treatment of the lunatic and idiotic poor, a complete reorganization of the whole lunacy administration was regarded as essential, viz. that under the provisions of s. 15 of 8 and 9 Vict., c. 107, the existing district asylums should be classified, reserving one or more, as might be required, in each province as "lunatic

hospitals," especially for the curative treatment of the insane; that the remaining district asylums should be appropriated as "lunatic asylums" for the accommodation of the chronic insane requiring special care, a certain number of this class being accommodated in the "lunatic hospitals," as about fifty of each sex would be required for the service of those establishments; that the inspection of the "lunatics at large" should be made one of the duties of the dispensary medical officers, who should be remunerated for this duty, and whose certificate that any one of this class is neglected or improperly cared for, should be made the ground for action by the lunacy authorities; that the accommodation for the third or harmless class, who are at present in lunatic asylums, in workhouses, or at large in a neglected state, be provided by the appropriation of spare workhouse buildings, a sufficiency of which is to be found in each province, thus also meeting the very general complaint of guardians being compelled to maintain superfluous workhouse accommodation; and that all expenditure upon the building or enlargement of district asylums should be suspended.

By this means, each province would be provided with *three* classes of lunatic establishments: (1) One or more lunatic hospitals for the cure of insanity in an early stage; (2) first-class asylums, in which the chronic cases requiring special care would be treated; (3) second-class or "workhouse auxiliary asylums" for harmless lunatics. The Commission expressed a strong opinion that the whole lunacy administration of Ireland should

be placed under the general control of the Local Government Board.

I may add that the estimated cost of the first class was £26 per head; that of the second class, £20; and that of the third, £14 6*s*. Of this scheme it must be said that, excellent as it is in intention, it is not in some of its provisions without danger in the direction of lowering the condition of the insane poor, as regards comfort and medical supervision, not, indeed, below what they are in some Irish workhouses, but below the standard aimed at in the best county asylums. "Let it be understood that there is no recommendation to constitute anything like an auxiliary asylum, such as Leavesden or Caterham, where large numbers, being brought together, can be kept at a cheap rate, and can at the same time be properly treated under medical care. No provision is made for the necessary supervision, medical or otherwise. The dispensing medical officer is to visit the insane at large, but those in workhouses are to be left to the tender mercies of attendants. The amount of care and comfort these unfortunate beings are to enjoy can be imagined by the fact that the Commission considers that £14 6*s*. a year will be the cost of their maintenance, after paying attendants, whilst the cost of those in the second-class establishments is to be £20, or about £6 less than what they cost at present."*

In their review of the results of past lunacy legislation in Ireland the Commission make the melancholy statement that "although several years ago the legis-

* From editorial article in *Journal of Mental Science*, July, 1879.

lature made provision for the classification of asylums,* and the Inspectors of Lunacy concur with other witnesses of the highest authority in thinking that such classification would be attended with the utmost advantage—would, in fact, meet the difficulties of asylum administration—yet not only has no attempt ever been made to give effect to the provisions of that law, but"—strangest of all—"the Lunacy Inspectors appear to have been unaware of its existence!"†

The Commission found that the evil of overcrowding with incurable cases, complained of by the Committee of 1843, and by the Royal Commission of 1858, "has continued to the present day not merely unchecked, but in a more aggravated form than ever." In 1856 there were 1168 curable and 2656 incurable patients in Irish asylums, while in 1877 these numbers were, respectively, 1911 and 6272, the percentages being in the former year, curable 30·5, incurable 69·5, while in the latter year the corresponding percentages were 23·3 and 76·7. Taking the patients not only in asylums, but in workhouses also, the total in 1856 (or more correctly 1857) was as follows: curable, 1187; incurable, 4468; percentages, 20·9 and 79·1. In 1877, curable, 1911; incurable, 9644; percentages, 16·5 and 83·4—a frightful revelation of incurable lunacy. The Inspectors complain that the Act 30 and 31 Vict. has caused this increase of unsuitable cases,‡ but, as the Commission observe, it

* 8 and 9 Vict., c. 107, s. 15. † Page lxii.

‡ Patients being sent to asylums on the pretext of their being "dangerous lunatics" when not so. See p. 435.

has simply increased an existing evil, and not produced a new one. Besides, "how otherwise are these unhappy people to be dealt with"? Has any other accommodation been provided for them? Though not suitable cases for curative hospitals, they are, at all events, suitable cases for care and humane treatment, and not until provision for such treatment is made, ought the door of the asylum to be shut against them."*

The condition of workhouses is proved by this Report to be most unsuitable for the reception of the insane; yet they contained in 1879 one quarter of the pauper lunatics of the country. It was desirable to remove a large number of these somewhere, and the only suitable place was the district asylum. Dr. Lalor, in his evidence before this Commission, says in regard to this increased number of admissions under the 30 and 31 Vict., "I think it is an immense advantage, because before that Act there was a great number of persons kept out who ought to be sent into lunatic asylums, but there was not sufficient machinery for doing so." Dr. Lalor then goes on to say that they have not in Ireland the same provision as in England for taking up merely wandering lunatics not chargeable to the rates. This witness, I should add, is strongly in favour of larger asylums for even curable cases, and would classify the institutions for the insane into three classes, the curable, the improvable, and the incurable. For curable and improvable cases of lunacy, including those requiring special care; and for the training and education of imbe-

* Page lxviii.

ciles and idiots chiefly of the juvenile classes, he would have the same asylum; for the incurable and unimprovable, he would have another. He would leave it to a central body to distinguish the cases, and would allow that such a body might find it more convenient to class the juvenile idiots and imbeciles under the second division.

At the date of this Commission there were 22 district asylums, containing 8073 patients. There were 150 workhouses, with 3200 insane inmates. In Dundrum* were 166 criminal insane, and in private asylums about 680 patients, making a total of 12,200. In addition to these, the inspectors obtain a return of every idiot, imbecile and epileptic, at large, from the police, not being under the supervision of the Lunacy Board; the number in 1878 was 6200, bringing up the figures to 18,400.

That practical effect might be given to the recommendations contained in this Report, Lord O'Hagan called attention to them in a speech delivered in the House of Lords, August, 1879, in which he said, "Let me ask the attention of the House to the case of neglected lunatics in Ireland. It is the most pressing, as it is the most deplorable." He cited the statement of the Royal Commission of 1858, that there were 3352 lunatics at large, of whom no fewer than 1583 were returned as

* The Dundrum Central Criminal Asylum, recommended by the Committee of the House of Lords in 1843, and established by the 8 and 9 Vict., c. 107, was built at a cost of £19,547, and was opened in 1850 on the south side of the city of Dublin, capable then of holding only 120 inmates. When the writer visited it in 1875, he was very favourably impressed with its condition. Dr. McCabe was at that time superintendent, and has been succeeded by Dr. Ashe.

"neglected;" and the recent statement of the Irish Lunatic Inquiry Commission that within the last twenty years the number of that class had increased by more than a hundred per cent.—from 3352 to 6709—without "any diminution in the proportion of those who may still be classified as neglected." Lord O'Hagan referred to the case of a naked lunatic in a farmhouse, which we have quoted at p. 424, and maintained that some four thousand lunatics were in a condition "better or worse according to circumstances." We cannot but think that the speaker generalized a little too much. He was right, however, in his contention that none of the neglected cases "are protected by any intervention of the law from exhibiting themselves in as shocking an aspect."

"Only," observed Lord O'Hagan, "when the life of George III. was threatened by a lunatic in England, did Parliament interfere and send the insane to jails; only in 1838, when it was discovered that jails were not fit receptacles for them, was provision made for committing them to asylums; and only in the Consolidating Act of 1853 were provisions made for such inspection and report as were needful for their protection and the safety of their neighbours. I lament to say that Ireland was left without even the benefit of the Act of 1799 until 1838, and that the advantages which the Act of that year gave to England were not extended to her lunatics until 1867; whilst you will scarcely believe that the salutary reforms of 1853 have not to this hour been made operative in Ireland."

Lord O'Hagan asked for identical legislation for

Ireland and England, the want of this having caused "incalculable mischief."

After observing that the Commission proposed the classification of asylums for the purpose of curative treatment, the care of chronic cases, and the allocation of workhouses as auxiliaries for the benefit of the quiet and harmless, Lord O'Hagan referred to the fact that "the Commission and the Inspectors of Lunacy differed as to material points on the *modus operandi*, the inspectors desiring the extension of district asylums, and the Commission not agreeing with this view; the consequence being that at that time their extension was suspended." The speaker did not presume to decide between them, but simply called upon the Government to recognize the responsibility which the Report of the Commission had cast upon them.

The Lord Chancellor (Lord Cairns) replied that the Report was engaging the attention of the Government; that he trusted it would not be in the category of those Reports "which have gone before" and produced no result; but that he could not give any further answer.*

The Lord Chancellor of Ireland (Lord O'Hagan) brought in on the 20th of January, 1880, the "County Court Jurisdiction in Lunacy Bill (Ireland)," † which not only passed the House of Lords, but was read a third time in the House of Commons, August 17th of that year.‡

* "Parliamentary Debates," 3rd series, vol. ccxlviii., August, 1879, p. 1822.

† Ibid., vol. ccliv., July, 1880, p. 892.

‡ Ibid., vol. cclv., August, 1880.

Lord O'Hagan's measure had for its object to protect the interests of lunatics possessed of small properties, beyond the control of Chancery on account of the expense incurred thereby. There were in Ireland under the jurisdiction of the Lord Chancellor, committed to him by the Queen's sign manual, 229. By the operation of the Act of 1871, introduced by Lord O'Hagan, the guardianship then provided had worked admirably. But there remained those who had very small property. Of the 642 persons then in private asylums, 143 only were under the guardianship of the Lord Chancellor, and the remainder might be presumed to have small properties. In the district asylums there were 55 paying patients, 20 of whom were under the Court of Chancery. Those on whose behalf Lord O'Hagan addressed the House of Lords were estimated at 724. The property of most of these "was left to the mercy of relations or strangers, who did with these unhappy people what they would." While in the previous year 1276 patients had been sent to district, and 141 to private asylums, only 24 had been brought within the protection of the Lord Chancellor. As much as £3189 was received from patients in the district asylums in a year. The Bill now introduced gave protection to the class in question by vesting in the County Court judges a new jurisdiction, viz. in lunacy within the areas of the various courts, in cases in which the property of the lunatic should not exceed the sum of £700 in money value, or £50 a year—sums taken from the Lunacy Regulation Act of 1871, which provided that the Lord Chancellor might be at liberty

not to impose upon lunatics having property of that value, the same fees and obligations that were insisted upon in the case of more wealthy persons. Lord O'Hagan regarded his Bill as only part of a larger measure to which he looked forward.*

A Bill was introduced into the House of Commons, but without passing into an Act, by Mr. Litton, member for Tyrone, entitled "The Lunacy Law Assimilation (Ireland) Bill," on the 6th of April, 1881,† and it may be worth while to observe what, according to so comparatively recent a speaker on the subject, is now wanted to improve the condition of Irish lunatics. After pointing out that, according to the Report of the Commission of 1879, there were on January 1, 1878, about 11,000 lunatics provided for, the number at large, inadequately cared for, was 6709, of whom more than 3000 were actually neglected, as against 1583 in the year 1857; and after reviewing the legislation of 1 and 2 Geo. IV., by which district asylums were established; the 1 and 2 Vict., c. 47, by which dangerous lunatics may be committed to jails; the 8 and 9 Vict., by which they might be transferred to Dundrum; the 30 and 31 Vict., c. 118 (1867), by which the first provision for sending this class of lunatics to jail was repealed; the 38 and 39 Vict. c. 67 (1875), by which it was provided that chronic lunatics not being dangerous might be consigned to the poor-houses—Mr. Litton showed that there was no attempt at classification in poor-houses, and that they only accom-

* *Op. cit.*, p. 894.

† "Parliamentary Debates," 3rd series, vol. cclx. p. 802.

modated 3365 persons, and further that, in spite of the last Act, the asylums were crowded with chronic and incurable cases, and had but little room for recent cases. He deplored the want of supervision of the neglected lunatics referred to, many of whom were subjected to cruel treatment. He therefore preferred to extend to Ireland the provisions of ss. 66 to 68, 70 to 72, and 78 to 81 of the English Act, 16 and 17 Vict., c. 97, subject to certain changes which were explained in the Bill. He doubted whether powers to enlarge the existing asylums would meet the difficulty, and it would be very costly and lengthy. It was proposed to adopt the system of boarding out which had been in operation in Scotland; due provision was made for their inspection. It was also needful to give to poor-law guardians power to afford relief to the head of a family one of whose members was insane (as in England), which was now impossible, unless the head of the family was so afflicted.

The fact that all committals of dangerous lunatics on the warrant of two magistrates must be cases in which the latter are satisfied that a lunatic had shown an intent to commit an indictable crime leads, it is stated, to many persons who, although dangerous, have not shown the above intent, being kept out of asylums until they have passed into a chronic state. However this may be, the number committed in Ireland as dangerous lunatics is enormous, being in one year (1877) 1204 out of 1343 admissions, the truth being that numbers are classified as dangerous who are not so.

Mr. Litton's Bill provided (1) for the supervision of neglected lunatics; (2) the boarding out in suitable places, under the direction of the governors of district asylums, of such patients as they might select for that purpose; (3) an alteration in the law of committal, so as to allow of patients being admitted before they became incurable; and (4) power to the poor-law guardians to give outdoor relief under the circumstances stated.*

The Bill had the approval of the Social Science Congress committee, and of Lord O'Hagan, but on account of the pressure of other business never reached the House of Lords.† It should be added that the Government, in the person of the Solicitor-General, expressed a hope that they would be able to bring in a Bill of larger scope, one more fully covering the ground traversed by the Royal Commission of 1879.

The sketch now made, slight as it is, will serve to show that Ireland formed no exception to the neglect to which the insane were subjected, especially in the poor-houses and jails; that when attention was strongly drawn to the better treatment of the insane in England, partly by the publication of a work describing how this was to be carried out, and partly by the evidence given before the Select Committee of the House of Commons in 1815, the Irish Government took up the question of reform, and resolutely set about putting their own house in order. Select Committees collected valuable evidence which bore fruit in efficient legislative enactments, and

* *Op. cit.*, vol. cclx. p. 810. † It was withdrawn July 8, 1881.

there seems to have been singularly little opposition to the introduction of improved methods of treatment and new buildings in place of the old. The Richmond Asylum from the first led the way in enlightened modes of treatment, and at the present time this institution, under the long and able management of Dr. Lalor, is a credit to Ireland; the more so that here, more efficiently than in any asylum I have visited in the British Isles, the employment of the patients in school work has been introduced and prosecuted to a successful issue.*

One other feature of the history of this movement in Ireland has already been alluded to, but merits attention again, and that is the additional proof afforded of the inevitable tendency to the accumulation of cases, instead of their recovery on a large scale, as was at first hoped and expected, not in Ireland alone, but in England. The frequency of relapse was, in the outburst of delight accompanying the recovery of some cases hopelessly incurable under the old system, not suspected, and the bitter disappointment which this fact involves had yet to be experienced, and is, indeed, scarcely realized at this moment. In one of the Irish Reports, the circumstance is alluded to that, taking all the discharges of patients on account of recovery, the cures amounted to the gratifying number of seventy per cent. Had this proportion been sustained, and had these patients retained their mental

*. See "The Richmond Asylum Schools," by Dr. D. Hack Tuke, *Journal of Mental Science*, October, 1875. Also an article in the *Journal*, April, 1882, by Mr. Fox, the master of the school.

health, there would have been little need of additional asylums. Patients from all quarters, their homes, poor-houses, and even jails, might have been drafted for a season into these temples of health, and, having passed the charmed threshold, been restored in a few months to the outer world, never to return.

If this pleasant illusion is dispelled by the course of events in Ireland, how much more strikingly must it be so in England? for the former country is almost altogether free from that most hopeless of all mental affections, the general paralysis of the insane—the plague of all other civilized countries—and has fewer epileptics.

There are now in Ireland 43 district and private asylums, with a population of insane persons amounting to 9289. There are 163 poor-houses in which there are insane and idiotic persons.

The insane under the jurisdiction of the Inspectors on the 1st of January, 1881, were thus distributed :—

In district asylums	8,667
In the Dundrum or Criminal Asylum ...	180
At Palmerston House	19*
In private licensed houses	622†
In 163 union workhouses	3,573
Total	13,061‡

As many as 1270 patients were received as dangerous lunatics under the 30 and 31 Vict., c. 118.

Will nothing be done to simplify admission? "Had

* Only those supported by Government. The total number was 112.

† In 1873 the number was greater, viz. 664.

‡ The inspectors make a total of 13,051.

the Bill introduced by Mr. Litton during the past session become law, the admission order universally used in England would have extended to Ireland, so that in time the present confusion and difficulty experienced in obtaining admission to Irish asylums might have been removed by the substitution of one simple order for the complicated machinery at present in existence. The Inspectors, however, seem to consider that the introduction of the Bill extending protection under the 16 and 17 Vict., c. 97, to the insane who are at present not under State provision, would be to fill hospitals for the insane with unpromising cases, at a considerable increase of expenditure, to the exclusion of others more urgent or more hopeful. The answer to this seems plain, that if the accommodation for the insane is inadequate, every effort should be made to provide increased means of protection for those who are unable to care for themselves. It cannot surely be reasonably maintained that because the accommodation is inadequate for the want of the insane population, for that reason no further legislation should be put in force for their better protection, nor does the supposition that mistakes might occur in sending people to asylums who do not require to be deprived of their freedom, deserve more serious consideration. That such mistakes may and will occur for all time cannot be doubted, but there cannot be any reason to suppose that because increased supervision is provided, these mistakes would become more frequent. Such has not been found the

case in England, where this Act has been in force for many years."*

The best thing we can hope for the effectual care of the insane in Ireland is legislation in the direction indicated by Lord O'Hagan and Mr. Litton.

ADDENDUM.

TABLE A.

NUMBER OF PATIENTS IN DISTRICT ASYLUMS, JANUARY 1, 1881.

Asylum.	Males.	Females.	Total.
Armagh	100	96	196
Ballinasloe	266	197	463
Belfast	262	201	463
Carlow	137	116	253
Castlebar	174	115	289
Clonmel	213	197	410
Cork	450	420	870
Down	197	141	338
Ennis	140	121	261
Enniscorthy	157	143	300
Kilkenny	129	114	243
Killarney	178	124	302
Letterkenny	200	99	299
Limerick	235	244	479
Londonderry	147	124	271
Maryborough	155	118	273
Monaghan	244	159	403
Mullingar	240	194	434
Omagh	284	201	485
Richmond	451	571	1022
Sligo	200	141	341
Waterford	126	146	272
	4685	3982	8667

* *Journal of Mental Science*, January, 1882.

WORKHOUSES.

	Insane and Idiots.
Ulster	1054
Munster	1036
Leinster	1170
Connaught	313
	3573
In jails	3
In Dundrum	180

TABLE B.

NUMBER OF PATIENTS IN PRIVATE ASYLUMS, JANUARY 1, 1881.

	Males.	Females.	Total.
Armagh Retreat	16	9	25
Bloomfield Retreat, Co. Dublin ...	14	27	41
Cittadella, Co. Cork	15	9	24
Cookstown House, Piltown, Co. Dublin	1	3	4
Course Lodge, Co. Armagh	—	12	12
Elm Lawn, Co. Dublin	—	3	3
Esker House, ditto	—	3	3
Farnham House, ditto	31	23	54
Hampstead House, ditto	23	1	24
Hartfield House, ditto	29	—	29
Highfield House, ditto	—	14	14
Lindville, Co. Cork	13	19	32
Lisle House, Co. Dublin	—	3	3
Midland Retreat, Queen's Co.	4	7	11
Orchardstown House, Co. Dublin ...	5	6	11
St. Patrick's (Swift's), Dublin City ...	38	63	101
Rose Bush House, Co. Dublin ...	2	—	2
Stewart Institution, ditto	45	67	112
Verville, ditto	—	19	19
St. Vincent's, ditto	—	95	95
Woodbine Lodge, ditto	—	3	3
Totals	236	386	622

CHAPTER XI.

PROGRESS OF PSYCHOLOGICAL MEDICINE DURING THE LAST FORTY YEARS: 1841–1881.*

IF, gentlemen, History be correctly defined as Philosophy teaching by examples, I do not know that I could take any subject for my Address more profitable or fitting than the Progress of Psychological Medicine during the forty years which, expiring to-day, mark the life of the Association over which, thanks to your suffrages, I have the honour to preside this year—an honour greatly enhanced by the special circumstances under which we assemble, arising out of the meeting in this metropolis of the International Medical Congress. To it I would accord a hearty welcome, speaking on behalf of this Association, which numbers amongst its honorary members so many distinguished alienists, American and European. Bounded by the limits of our four seas, we are in danger of overlooking the merits of those who live and work beyond them. I recall the observation of

* Presidential Address, delivered at the Annual Meeting of the Medico-Psychological Association, held at University College, London, August 2, 1881.

Arnold of Rugby, that if we were not a very active people, our disunion from the Continent would make us nearly as bad as the Chinese. "Foreigners say," he goes on to remark, "that our insular situation cramps and narrows our minds. And this is not mere nonsense either. What is wanted is a deep knowledge of, and sympathy with, the European character and institutions, and then there would be a hope that we might each impart to the other that in which we are superior."

Do we not owe to France the classic works of Pinel and of Esquirol—justly styled the Hippocrates of Psychological Medicine—works whose value time can never destroy; and have not these masters in Medical Psychology been followed by an array of brilliant names familiar to us as household words, Georget, Bayle, Ferrus, Foville, Leuret, Falret, Voisin, Trélat, Parchappe, Morel, Marcé, who have passed away,* and by those now living who, either inheriting their name or worthy of their fame, will be inscribed on the long roll of celebrated pychologists of which that country can boast.

If Haslam may seem to have stumbled upon General Paralysis, we may well accord to French alienists the merit of having really discovered the disorder which, in our department, is the most fascinating, as it has formed the most prominent object of research, during the last forty years.

To mention Austria and Germany, is to recall Lan-

* I here do homage to the dead. Calmeil, Baillarger, and Brierre de Boismont still live, at an advanced age. (Since this address was given, the last named has died. See eloquent tribute to his memory by M. Motet, in *Journal of Mental Science*, April, 1882.)

germann, Feuchtersleben, Reil, Friedreich, Jacobi, Zeller, Griesinger, Roller, and Flemming, who, full of years and honours, has now passed away.

Has not Belgium her Guislain, Holland her Schroeder van der Kolk, and Italy her Chiaruggi?

And when I pass from Europe to the American continent, many well-known names arise, at whose head stands the celebrated Dr. Rush. Woodward, Bell, Brigham, and Howe (whose many-sided labour included the idiot) will be long remembered, and now, alas! I have to include among the dead an honoured name, over whom the grave has recently closed. Saintship is not the exclusive property of the Church. Medicine has also her calendar. Not a few physicians of the mind have deserved to be canonized; and to our psychological Hagiology, I would now add the name of Isaac Ray. With his fellow-workers in the same field, among whom are men not less honoured, I would venture to express the sympathy of this Association in the loss they have sustained. Nor can I pass from these names, although departing from my intention of mentioning only the dead, without paying a tribute of respect to that remarkable woman, Miss Dix, who has a claim to the gratitude of mankind for having consecrated the best years of her varied life to the fearless advocacy of the cause of the insane, and to whose exertions not a few of the institutions for their care and treatment in the States owe their origin.

Abroad, psychological journalism has been in advance of ours.

The French alienists established in 1843 their

Annales Médico-Psychologiques (one of whose editors, M. Foville, is with us to-day), five years before Dr. Winslow issued his Journal, the first devoted to medical psychology in this country, and ten years before our own *Journal* appeared, in 1853.

The Germans and Americans began their Journals in the following year—1844; the former, the *Allgemeine Zeitschrift für Psychiatrie*, and the latter the *American Journal of Insanity.*

I believe that our Association has precedence of any other devoted to Medical Psychology, and it is an interesting fact that its establishment led to that of the corresponding Association in France—a society whose secretary, M. Motet, I am glad to see among my auditors. The Association of Medical Superintendents of American Institutions for the Insane was instituted in 1844; that of Germany in 1864, the subject of Psychology having previously formed a section of a Medical Association.

Returning to our own country, I may observe that when Dr. Hitch, of the Gloucester Asylum, issued the circular which led to the formation of this Association in 1841, almost half a century had elapsed since the epoch (1792) which I may call the renaissance of the humane treatment of the insane, when the Bicêtre in France, and the York Retreat in England, originated by their example an impulse still unspent, destined in the course of years to triumph, as we witness to-day. This triumph was secured, in large measure, by the efforts of two men who, forty years ago, shortly after the well-known experiment

at Lincoln, by the late Mr. Robert Gardiner Hill, were actively engaged in ameliorating the condition of the insane. Need I say that I refer to Lord Shaftesbury and Dr. Conolly? The nobleman and the physician (alike forward to recognize the services of the pioneers of 1792), each in his own sphere having a common end in view, and animated by the same spirit, gave an impetus to the movement, the value and far-reaching extent of which it is almost impossible to exaggerate. Lord Shaftesbury,* celebrating his eightieth birthday this year, still lives to witness the fruits of his labours, of which the success of the well-known Acts with which his name is associated, will form an enduring memorial. Dr. Conolly was in his prime. He had been two years at Hanwell, and was contending against great difficulties with the courageous determination which characterized him. I do not hold the memory of Conolly in respect, merely or principally because he was the apostle of non-restraint, but because, although doubtless fallible (and indiscriminate eulogy would defeat its object), he infused into the treatment of the insane a contagious earnestness possessing a value far beyond any mere system or dogma. His real merit, his true glory, is to have leavened the opinions and stimulated the best energies of many of his contemporaries, to have stirred their enthusiasm and inflamed their zeal, to have not only transmitted but to have rendered brighter the torch which he seized from the

* As will be seen by the history of lunacy reform contained in this volume, Lord Shaftesbury's interest in the movement extends back as far as 1828.

hands of his predecessors. He desired to be remembered after his death by asylum superintendents as one who sincerely wished to place the insane in better hands than those in which he too generally found them; and I hold that, whatever may be our views on what we have chosen to call non-restraint, we may cordially unite in fulfilling his desire.

As the non-restraint system—a term, it must be confessed, which cannot boast of scientific precision, but is well understood—has been the leading, and often engrossing, topic of discussion during the period now under review, I must not omit a brief reference to it. No one will call in question the statement as an historical fact that the Commissioners in Lunacy and the medical superintendents of asylums in this country are, with few exceptions, in favour of non-restraint. Dr. Lauder Lindsay—for whose death, as well as that of Dr. Sherlock and of Dr. White Williams, during the last year, the tribute of sorrowful regret ought, in passing, to be paid—Dr. Lindsay, I say, had only a small following in Great Britain. In Germany, on the other hand, although Griesinger looked favourably upon the system, and Westphal has advocated it, and Brosius has translated Conolly's standard work into German, there has not been a general conversion, as may be seen by the discussion which took place in 1879, at meetings of the Psychological Society in Berlin and Heidelberg. In France, again, although Morel gave it the sanction of his name, and Magnan has practised it recently, there has been within the last twelve months a striking proof of anti-non-

restraint opinion among the French physicians, in an interesting discussion at the Société Médico-Psychologique. I wish here only to chronicle the fact, and would urge the necessity of not confounding honest differences of opinion with differences of humane feeling. The non-restrainer is within his right when he practises the system carried to its extremest lengths. He is within his right when he preaches its advantages to others. But he is not within his right if he denounces those physicians, equally humane as himself, who differ from him in opinion and practice. I therefore unite with the observation of Dr. Ray, by whom, as well as by the majority of his fellow-psychologists, the non-restraint system as a doctrine was not accepted, when he wrote thus in 1855, "Here, as well as everywhere else, the privilege of free and independent inquiry cannot be invaded without ultimate injury to the cause." *

The arguments in favour of mechanical restraint are clearly set forth by Dr. John Gray, of the Utica Asylum, in his annual report of the present year.

Leaving this subject, let me recall to your recollection that when this Association was formed, the care of the insane in England and Wales was regulated by the Gordon-Ashley Act of 1828,† which, among other reforms, had substituted for the authority of five Fellows of the College of Physicians, who performed their duties in the most slovenly manner, fifteen metropolitan Commissioners in Lunacy. I find, on examining the Annual

* *American Journal of Insanity*, April, 1855.
† 9 Geo. IV., c. 40.

Report of these Commissioners issued in 1841, that it does not extend over more than one page and a half! It is signed by Ashley, Gordon, Turner, Southey, and Proctor. They report the number confined in the thirty-three asylums within their jurisdiction as 2490. Their verdict on inspecting them is expressed in half a dozen words, namely, that the "result is upon the whole satisfactory."

"The business of this Commission," they say, "has very much increased, partly by more frequent communications with the provinces (over which, however, they have no direct legal control), and partly by the more minute attention directed by the Commissioners to individual cases with a view to the liberation of convalescent patients upon trial . . . and the consequence has been that many persons have been liberated who otherwise would have remained in confinement."

That a state of things in which such an occurrence was possible should be described as on the whole satisfactory, is somewhat remarkable, and in reading this paragraph we cannot but contrast with it the very different result of the investigation made by the Committee of the House of Commons in 1877.

Again, nothing more strikingly marks the change which has taken place in the inspection of asylums than the contrast between the last Report of the Lunacy Commissioners, consisting of a bulky volume of more than four hundred pages, and that of 1841, of a page and a half. In fact, the Reports of the Commissioners form the best evidence to which I can refer of the pro-

gress made from year to year in the provision for the insane, and the gradual but uninterrupted amelioration of their condition.

An important advance was made in 1842 by the Act 5 and 6 Vict., c. 87, which provided that provincial houses were to be visited by the Metropolitan Commissioners, as well as those in their own district. They were also to report whether restraint was practised in any asylum, and whether the patients were properly amused and occupied. Not only was a great step forward made by thus extending the inspecting power of these Commissioners to the provinces, but their memorable Report on the state of the asylums in England and Wales in 1844 led to the highly important legislation of the following year (introduced by Lord Ashley)—the Act 8 and 9 Vict., c. 100, which along with the Acts of 1853 (16 and 17 Vict., cc. 96, 97)* and 1862 (25 and 26 Vict., c. 111) form, as you are well aware, the Code of Lunacy Law under which, for the most part, the care of the insane is determined and their protection secured.

I should like to have been able to state the number of recognized lunatics in England and Wales forty years ago, but no return exists which shows it. The nearest approach is to be found in the Report just referred to of the Metropolitan Commissioners (1844), in which the number of ascertained lunatics in England and Wales is stated to be about 20,000, of whom only 11,272 were

* Amended by 18 and 19 Vict., c. 105 (1855). Acts referring to Lunacy Commissions and Chancery Patients, 16 and 17 Vict., c. 70; 25 and 26 Vict., c. 86 (1862).

confined in asylums, whereas now there are nearly 55,000. It is difficult to realize that there were then only some 4000 patients in county asylums, these being 15 in number, and that there were 21 counties in England and Wales in which there were no asylums of any kind, public or private. At the present time, instead of 20,000 ascertained lunatics and idiots, we have 73,113—an increase represented by the population of the City of York—instead of 15 county asylums we have 51, with scarcely less than 40,000 patients, instead of 4000; while the provincial licensed houses have decreased from 99 to 59, and the metropolitan increased by 2. The total number of asylums in England and Wales in 1844 was 158,* now it is 175—excluding those (3) erected under Hardy's Act. I need not say that these figures do not necessarily point to an increase of lunacy, but may merely represent the increased accommodation which ought to have been provided long before. Into the general question of the spread of insanity I feel that it would be impossible to enter satisfactorily now.

Recurring to the Metropolitan Commissioners' Report, I must observe that while an immense advance took place between 1828, when they were appointed, and 1844, the subsequent advance between the latter date and now is such that we cannot but recognize the extremely beneficial operation of the legislation which has marked this period. It must also be gratifying to Scotch asylum superintendents, knowing as they do the satisfactory condition of the insane in their country

* If parts of workhouses, etc., be included, 166. See p. 211.

in 1881, to be able to measure the progress made since Lord Ashley, in his speech in 1844, moved for an address to the Crown, praying her Majesty to take into consideration the Commissioners' Report, for he there observes, "I believe that not in any country in Europe, nor in any part of America, is there any place in which pauper lunatics are in such a suffering and degraded state as those in her Majesty's kingdom of Scotland." I need not do more than chronicle the fact, in passing, that the reform in Scotland dates, to a large extent, from the appointment of a Royal Commission in 1855, and the action of the Board of Lunacy Commissioners which was established in consequence. Legislation for Ireland and the appointment of inspectors have likewise proved very beneficial in that country. But restricting my remarks to England and Wales, I would observe that the establishment by the Act of 1845 of the Lunacy Board as at present constituted, and the rendering it compulsory upon counties to provide asylums for pauper lunatics, are the chief causes of the improvement to which I have referred, so far, at least, as it has been brought about by legislation.

I will not dwell in detail on the lunacy legislation of these years. To have said less would have been to overlook the salient and most important facts of the period. To have said more would have been to travel over the ground so ably occupied by Dr. Blandford in his Presidential Address three years ago. He, by-the-by, complained of the ever-increasing difficulty each President finds in selecting a subject for his discourse, and then

immediately proceeded to effectually lessen the chances of his successors. What the last occupant of this Chair will be able to discover new for his address I do not know. I can only think of the funeral oration over this Association at its obsequies—when its "dying eyes are closed," its "decent limbs composed," and its "humble grave adorn'd,"

"By strangers honour'd, by survivors mourn'd."

On the Board of the Commissioners in Lunacy have sat two members of our profession (one still living), to whose services I wish more especially to refer. I allude to Dr. Prichard and Mr. Gaskell.

Apart from his official work, the former will always be remembered in the republic of letters by his learned contributions to anthropology and the literature of mental diseases, in which he is more especially identified with the doctrine of Moral Insanity. Chronicler of the period in which he enunciated or rather developed it, I cannot avoid a brief reference to a theme which has caused so much heated discussion. As an impartial historian I am bound to admit that his views are still by no means unanimously adopted, and that I am only expressing my own sentiments when I avow that what Latham says of Prichard's "Researches into the Physical History of Mankind"—"Let those who doubt its value, try to do without it"—applies to the teaching contained in the remarkable treatise entitled "Different Forms of Insanity in relation to Jurisprudence," published in 1842. We may well be dissatisfied with some of the illustra-

tions of the doctrine it supports. We may express in different terms the generalization he has made as to the relation of intellect and emotion ; but I am greatly mistaken if we shall not from time to time be confronted by facts which instantly raise the question which presented itself with so much force to his acute mind, and which does not appear to me to be successfully met by those who controvert the conclusions at which Prichard arrived. The necessity of admitting in some form or other the mental facts in dispute, is well illustrated by the recent work by Krafft-Ebing on mental disorders. For what does this practised mental expert do? He, although the supporter of mental solidarity and the integrity of the Ego—adverse, therefore, to the psychology in which the theory has been enshrined—feels that he must admit into his classification some term which describes certain emotional or volitional disorders, and can discover none better than "moral insanity"—a practical, though reluctant, admission of the value of Prichard's views after their discussion for forty years. I might also refer as an indication of opinion to a most excellent article in the last number of the *Journal* by Dr. Savage, who, while recognizing the abstract metaphysical difficulty of conceiving moral as distinct from intellectual insanity, fully admits as a clinical fact the form of mental disease for which Prichard contended, and had he been living he would doubtless have claimed this article as a striking proof of the vitality of his opinions.

One is certainly disposed to exclaim, if observation on the one hand compels us to admit certain mental facts,

and the metaphysician on the other declares them to be unmetaphysical, so much the worse for metaphysics!

Mr. Gaskell, in addition to his good work as a reformer at the Lancaster Asylum, where may yet be seen preserved quite a museum of articles of restraint formerly in use in that institution, and his efficient labours as a Commissioner, was also, it may not be generally known, the real cause of the practical steps taken in this country to educate the idiot. It was in 1847 that he wrote some articles in *Chambers' Journal*, giving an account of Seguin's Idiot School at the Bicêtre, which he had visited and been greatly interested in. These articles had the effect of inducing Dr. Andrew Reed to interest himself in the establishment of a school for idiots in England. The Highgate and Colchester Asylums for idiots were instituted—the origin, as it proved, of the great establishment at Earlswood. All, therefore, that has been done for this pitiable class has been effected during the last forty years. The indefatigable Seguin has passed away during the last twelve months. He pursued to the last, with unabated zeal, a study possessing attractions for only a limited number, and advocated the claims of idiots and imbeciles with unceasing energy in the Old World and the New. Fortunately his mantle has descended upon a worthy successor in the person of his son, Dr. E. Seguin, of New York.

It has necessarily happened that the direction of public attention to the larger and better provision for the insane in all civilized lands has led to much con-

sideration, and inevitably some difference of opinion as regards the form and arrangement of asylums. But all will admit that their construction has undergone a vast improvement in forty years. The tendency at the present moment is to attach less importance to bricks and mortar, and the security of the patient within a walled enclosure, than to grant the largest possible amount of freedom, in asylums, compatible with safety. The more this is carried out, the easier, it is to be hoped, will it be to induce the friends of patients to allow them to go in the earliest stage of the disorder to an asylum, as readily as they would to a hydropathic establishment or an ordinary hospital, to which end medical men may do much by ignoring the stupid stigma still attaching to having been in an asylum. The treatment of the insane ought to be such that we should be able to regard the asylums of the land as one vast Temple of Health, in which the priests of Esculapius, rivalling the Egyptians and Greeks of old, are constantly ministering, and are sacrificing their time and talents on the altar of Psyche.*

Most heartily do I agree with Dr. Kirkbride when he says that "Asylums can never be dispensed with—no matter how persistently ignorance, prejudice, or sophistry may declare to the contrary—without retrograding to a greater or less extent to the conditions of a past period with all the inhumanity and barbarity connected with it. To understand what would be the situation of a people

* I should find it difficult to point to a more striking illustration of these remarks than the good work being done at the Lenzie Asylum by Dr. Rutherford.

without hospitals for their insane, it is only necessary to learn what their condition was when there were none." *

In advocating the prompt and facile recourse to an asylum, I include, of course, the cottage treatment of the insane so long ago resorted to by Dr. Bucknill, and extended in so admirable a manner by my immediate predecessor in this chair, whose practical observations last year on the villas and cottages at Cheadle rendered his address one of the most valuable that has been delivered. Moreover, I would not say a word in disparagement of the placing of suitable cases in the houses of medical men, or in lodgings, under frequent medical visitation.† I also recognize the value of intermediate or border-land institutions, so long as they are conducted with the sanction of the Commissioners and open to their inspection.

The modern advocacy of the open-door system has been recently brought under the notice of the Association by Dr. Needham, with the view of obtaining a general expression of opinion on a practice, to the wisdom of which he is disposed to demur.

But a less regard for mere bricks and mortar, the removal of high boundary walls and contracted airing-courts, or the introduction of the open-door system, do not

* "On the Construction, Organization, etc., of Hospitals for the Insane," by Thomas S. Kirkbride, M.D., LL.D. (Philadelphia, 1880), p. 300.

† On the large degree to which patients, as shown by the experience of the Chancery Visitors, can be treated satisfactorily outside asylums, see pp. 261 and 286; also Dr. Bucknill's trenchant little book, "Care of the Insane and their Legal Control," 1880.

lessen the importance of properly constructed asylums. The works of Jacobi in Germany, Kirkbride in America, Parchappe in France, and Conolly in England, must retain their value as classical productions on this subject; while the contributions recently made by Dr. Clouston present not only the general principles of asylum construction, but the minute details of building, in the light of the knowledge and experience of the present day.

I was fortunate in being able to render M. Parchappe some service when he visited England to examine the construction of our asylums. Those who formed his acquaintance on the occasion of this visit may remember his mixed feelings on visiting them, how he demurred on the one hand to what he regarded as too costly and ornamental, while, on the other hand, he liked the English arrangement of the buildings better than the Esquirol-Desportes system. I need not point out that those who have had the planning of the county asylums in England have objected, as well as Parchappe, to the distribution of isolated pavilions upon parallel lines. Parchappe, while far from believing it to be indispensable to make asylums monuments fitted to excite admiration for the richness of their architecture, and indisposed to emulate our asylums, which, he says, only belong to princely mansions, turns nevertheless from the square courts and the isolated pavilions of Esquirol to apostrophize the former in these glowing terms:—

"How much more suited to reanimate torpid intelligence and feeling, or to distract and console melancholy among the unfortunate insane, these edifices majestic in

their general effect and comfortable in their details, these grandiose parks, with luxuriant plantations and verdant flowery lawns, whose harmonious association impresses upon English asylums an exceptional character of calm and powerful beauty!"

Whether a stranger, having read this florid description of our asylums, would not, on visiting them, be a little disappointed, I will not stop to inquire. Probably during this or the following week, some of Parchappe's compatriots may answer the question for themselves.

The fundamental question of the separation of the curable and incurable classes has in different countries been earnestly discussed during the last forty years. Kirkbride has entered his "special and earnest protest" against this separation; his own countryman, Dr. Stearns, on the other hand, has lately advocated it. In Germany, where, following the lead of Langermann and Reil, complete separation of the curable in one building was first realized under Jacobi at Siegburg, there has been a complete reversion to the system of combining the two classes in one institution. Parchappe, who opposed the separation of these classes, as illusory if justice is done to the incurable in the construction of the building provided for them, and mischievous if this is denied them, was constrained to admit, however, in view of the enormous number of lunatics in the Department of the Seine, that it was the least of two evils to separate the epileptic and the idiotic from the curable.

In England the separation principle has been recognized in Hardy's Act (30 Vict., c. 6) for the establishment

in the metropolis of asylums for the sick, insane, and other classes of the poor, 1867 ; and, again, in the erection of such an asylum as Banstead for Middlesex—and I am informed by Dr. Claye Shaw, who, from holding the office of superintendent there, and formerly superintending the Metropolitan District Asylum of Leavesden, is well calculated to judge, that the experiment has proved successful, that the patients do not suffer, and that the office of superintendent is not rendered unendurable. Regarded from an economic point of view, it has been found practicable to provide buildings at a cost of between £80 and £90 per bed, which, though not æsthetic, are carefully planned for the care and oversight of the inmates. This includes not only the land, but furnishing the asylum.

Five years ago this Association unanimously adopted a resolution, expressing satisfaction that the Charity Organization Society had taken up the subject of the better provision, in the provinces, for idiots, imbeciles, and harmless lunatics, and the following year carried a resolution, also unanimous, that the arrangement made for these classes in the metropolitan district is applicable in its main principles to the rest of England. But it does not follow that the separation of these classes from the county asylums should be so complete, either as respects locality or the governing board, as in the metropolitan district ; and, further, the Association expressed a strong opinion that the boarding-out system, although impracticable in the urban districts, should be attempted wherever possible in the country ; the

greatest care being taken to select suitable cases, unless we wish to witness the evils which Dr. Fraser has so graphically depicted in his report for 1877 of the Fife and Kinross Asylum. If pauper asylums can, without injury to families, be relieved by harmless cases being sent home to the extent Dr. Duckworth Williams has succeeded in doing in Sussex, and if, as he proposes, they were periodically visited, their names being retained on the asylum books, the enlargement of some asylums might be rendered unnecessary.

But what, gentlemen, would be the best-contrived separation of cases, what would the best-constructed asylum avail, unless the presiding authority were equal to his responsible duties? Now, it is one of the happy circumstances connected with the great movement which has taken place in this and other countries, that men have arisen in large numbers who have proved themselves equal to the task. We witness the creation of an almost new character—the asylum superintendent.

One Sunday afternoon, some years ago, Dr. Ray fell asleep in his chair while reading old Fuller's portraits of the Good Merchant, the Good Judge, the Good Soldier, etc., in his work entitled "The Holy and Profane State," and, so sleeping, dreamed he read a manuscript, the first chapter of which was headed, "The Good Superintendent." Awakening from his nap by the tongs falling on the hearth, the doctor determined to reproduce from memory as much of his dream as possible for the benefit of his brethren. One of these recovered fragments runs thus:—"The Good Superintendent hath considered

well his qualifications for the office he hath assumed, and been governed not more by a regard for his fortunes than by a hearty desire to benefit his fellow-men. . . . To fix his hold on the confidence and goodwill of his patients he spareth no effort, though it may consume his time and tax his patience, or encroach seemingly on the dignity of his office. A formal walk through the wards, and the ordering of a few drugs, compriseth but a small part of his means for restoring the troubled mind. To prepare for this work, and to make other means effectual, he carefully studieth the mental movements of his patients. He never grudges the moments spent in quiet, familiar intercourse with them, for thereby he gaineth many glimpses of their inner life that may help him in their treatment. . . . He maketh himself the centre of their system around which they all revolve, being held in their places by the attraction of respect and confidence." *

And much more so admirable that it is difficult to stay one's hand. You will, I think, agree with me that what Dr. Ray dreamed is better than what many write when they are wide awake, and those familiar with Dr. Ray's career, and his character, will be of the opinion of another Transatlantic worthy (Dr. John Gray, of Utica) that in this act of unconscious cerebration the dreamer unwittingly described himself—

> "'The Good Superintendent!' Who is he?
> The master asked again and again;
> But answered himself, unconsciously,
> And wrote his own life without a stain."

* "Ideal Characters of the Officers of a Hospital for the Insane," by I. Ray, M.D. Philadelphia, 1873.

In what a strange land of shadows the superintendent lives! But for his familiarity with it, its strangeness would oftener strike him. It becomes a matter of course that those with whom he mixes in daily life are of imperial or royal blood—nay, more, possess divine attributes—and that some who are maintained for half a guinea a week possess millions and quadrillions of gold. He lives, in truth, in a world inhabited by the creatures of the imagination of those by whom he is constantly surrounded—a domain in which *his* views of life and things in general are in a miserable minority—a phantom world of ideal forms and unearthly voices and mysterious sounds, incessantly disputing his authority, and commanding his patients in terms claiming supernatural force to do those things which he orders them to leave undone, and to leave undone those things which he orders them to do; commanding them to be silent, to starve themselves, to kill, to mutilate or hang themselves; in short, there is in this remarkable country, peopled by so many thousand inhabitants, an *imperium in imperio* which renders the contest continuous between the rival authorities struggling for supremacy, sometimes, it must be confessed, ending in the triumph of the ideal forms, and the phantom voices, and the visionary sights, which may be smiled at in our studies, and curiously analyzed in our scientific alembics, but cannot be ignored in practice without the occurrence of dire catastrophes, and the unpleasant realization of the truth that idealism, phantasy, and vision may be transformed into dangerous forms of force. It may be said, indeed, that the ap-

propriate motto of the medical superintendent is—"*Insanitas insanitatum, omnia insanitas.*"

With such an *entourage* it is not surprising if the first residence in an asylum as its responsible head—especially an asylum in the olden days—should disconcert even a physician. A German psychologist once declared, after passing his first night in an institution as superintendent, that he could not remain there; he felt overwhelmed with his position. Yet this physician remained not only over the next night, but for thirty-five years, to live honoured and venerated as Maximilian Jacobi, and departing to leave behind him "footprints on the sands of time," from seeing which, others, in a similar hour of discouragement, may again take heart.

I cannot pass from this subject without enforcing, as a practical comment, the necessity of asylum physicians having a very liberal supply of holidays, so as to insure a complete change of thought from not only the objective but the subjective world in which they live, and this before the time comes when they are unable to throw off their work from their minds, as happened to a hard-working friend of mine, who, even during his holiday among the Alps, must needs dream one night that he was making a post-mortem upon himself, and on another night rose from his bed in a state of somnambulism to perform certain aberrant and disorderly acts, not unlike what his patients would have performed in the day.

I have heard it suggested that superintendents should have six weeks' extra holiday every third year, five of them

to be spent in visiting asylums. Whether this is the best way of acquiring an interchange of experience or not, I will not decide, but no doubt the feeling, how desirable it is men should compare notes with their fellow-workers, prompted the founders of our Association (which was expected to be more peripatetic than has proved to be the case) to determine that its members should at its annual meetings carefully examine some institution for the insane.

It is not too much to say that only second in importance to a good superintendent is a good attendant, and of him also Dr. Ray dreamed in his Sunday afternoon vision, and his description is equally excellent.

I am sure that it will be admitted that the last forty years have seen a vast improvement in the character of attendants, and among them are to be found many conscientious, trustworthy men and women, forbearing to their charge and loyal to their superintendent. It is not the less true that for asylums for the middle and higher classes the addition of companionship of a more educated character is desirable, and it is satisfactory to observe that there is an increasing recognition of its importance, as evidenced by the Reports of our asylums.*

One word now in regard to the advance in our classification of mental disorders, though I hardly dare to even touch thus lightly upon so delicate a subject, for I have observed that it is one of those questions in our

* See Dr. Baker's Annual Reports of the York Retreat, and Dr. Rees Philipps's last Report of the Wonford Asylum, Exeter, etc., etc.

department of medicine—dry and unexciting as it may at first sight seem to be—which possess a peculiar polemical charm.

Few circumstances are more noteworthy than the attacks which have been made upon the citadel of the Pinel-Esquirol classification, the symptomatological expression of the disease—attacks not new forty years ago, but renewed with great force and spirit by Luther Bell in America, and subsequently by Schroeder van der Kolk in Holland, Morel in France, and Skae in Britain. When Dr. Bell asserted that this system of symptoms "would not bear the test of accuracy as regards the cause of the disease or the pathological condition of the sufferer;" that the forms in use "were merely the changing external symptoms, often having scarcely a diurnal continuance before passing from one to another," and constituting a division useless as regards moral or medical treatment—he expressed in a nutshell all the objections since urged against the orthodox classification by the other alienists I have mentioned. These, however, substituted a mixed ætiological or pathogenetic classification, which Bell did not, and this classification is, in its essential characters, on its trial to-day. The wave of thought which bore these attempts to the surface, was a wholesome indication of the desire to look beneath the mere symptom right down to the physical state which occasioned it, and upon which the somatic school of German alienists had long before laid so much stress. The movement has been useful, if for no other reason than that it has concentrated attention afresh and more

definitely upon the conditions which may stand in causal relation with the mental disorder, nor has it been without its influence in affecting the terms generally employed in the nomenclature of insanity. At the same time it is very striking to observe how the great types of mental disorder adopted and in part introduced by the great French alienists have essentially held their ground, and if their citadel has had in some points to parley with a foeman worthy of their steel, and even treat with him as an honourable rival, they remain still in possession, and their classification of symptoms seems likely to remain there for long to come. As such, these types are partly founded upon clinical and, to some extent, pathological observation, and may well be allowed with a few additional forms to stand side by side with a somato-ætiological nomenclature, as it grows up slowly and cautiously, reared on scientific observation and research; and had Skae been living he would have rejoiced to hear Mr. Hutchinson assert the other day that in all diseases, "our future classification must be one of causes and not external symptoms, if we would desire to construct anything like a natural system, and trace the real relation of diseases to their origin."

In a sketch, however brief, of the progress of Psychological Medicine since the foundation of this Association in 1841, it would be a serious omission not to notice the important contributions of the late Professor Laycock shortly before as well as after that year. In 1840 he first promulgated the opinion that "the brain, although

the organ of consciousness, is subject to the laws of reflex action, and in this respect does not differ from other ganglia of the nervous system." * And in a paper read before the British Association, September, 1844, he observed, "Insanity and dreaming present the best field for investigating the laws of that extension of action from one portion of the brain to the other, by which ideas follow each other in sequence, giving as an illustration the case of a patient at the York Retreat, whose will being suspended, he expressed ideas as they spontaneously arose in associated sequence, the combination being singularly varied, but traceable to a common root or centre of impulse." "Researches of this kind," Laycock continues, "whether instituted on the insane, the somnambulist, the dreamer, or the delirious, must be considered like researches in analytical chemistry. The re-agent is the impression made on the brain; the molecular changes following the applications of the re-agent are made known to us as ideas." †

Time will not allow me to cite other passages in these remarkable papers, or later ones; but these are sufficient to show the germ at that early period of the doctrine of cerebral reflex action, and the unconscious cerebration of Carpenter, the seeds having been already sown by Unzer and Prochaska, and arising out of it, that of automatic states occasioned or permitted by the abeyance of a higher restraining power—the Will, ac-

* "A Treatise on the Nervous Diseases of Women," by Thomas Laycock, M.D., 1840, chapter ix. p. 107.

† *British and Foreign Medical Review*, January, 1845, p. 311.

cording to Laycock, in the case he employs as an illustration of his doctrine. His teaching in regard to mental and nervous disorders due to vaso-motor disturbance also deserves recognition.

Dr. Henry Monro, again, in a treatise published in 1851, put forward a theory of the pathology of insanity, the essence of which was that the cerebral masses having lost their static equilibrium exhibit in their functions two different degrees of deficient nervous action (coincidently), viz. irritable excess of action and partial paralysis. He maintained that these two states do not fall alike upon all the seats of mental operations, but that there is "a partial suspension of action" of "higher faculties, such as reason and will," while there is an irritable excess of action of the seats of the more elementary faculties, such as conception, etc., and hence delusions and the excessive rapidity of successive ideas. Dr. Monro compares this condition to a case of paralysis, combined with convulsions; and discusses the question whether the temporary and partial paralysis occurring as he supposes in insanity, "results directly and entirely from excessive depression of the nervous centres of those higher faculties, or partly in an *indirect* manner from nervous energy being abstracted to other parts which are in more violent exercise at the time." *

This, it will be seen, is a still clearer statement of the doctrine that insanity is caused by the depression or paralysis of the higher nervous centres and excessive action of others.

* "Remarks on Insanity, its Nature and Treatment," p. 14.

As is well known, Dr. Hughlings Jackson, whose views regarding active states of nerve structures as liberations of energy or discharges, are familiar to us all, has adopted and extended Laycock's doctrine, which he designates as "one of inestimable value," and has urged the importance of Monro's doctrine of negative and positive states in cases of insanity, using the term "insanity" in an exceedingly wide sense. He has pointed out that Anstie and Thompson Dickson have also stated the doctrine that so-called "exaltation of faculties" in many morbid states is owing to "insubordination from loss of control," and that the same was said in effect by Symonds, of Bristol. Adopting the hypothesis of evolution as enunciated by Herbert Spencer, Dr. Hughlings Jackson thinks that cases of insanity, and indeed all other nervous diseases, may be considered as examples of Dissolution, this being, I need not say, the term Spencer uses for the process which is the reverse of Evolution. Insanity, then, according to this view, is dissolution beginning at the highest cerebral centres, which centres, according to Jackson, represent or re-represent the whole organism. There are distinguishable, he believes, cases of uniform dissolution, the process affecting the highest centres nearly uniformly, and cases of partial dissolution in which only some parts of these centres are affected. The dissolution, again, whether uniform or partial, varies in "depth;" the deeper it is, the more general are the manifestations remaining possible. The degree of "depth" of dissolution is, however, but one factor in this comparative study of insanity.

Another is the rapidity with which it is effected. To this, Dr. Jackson attaches extreme importance, believing that degrees of it account for degrees of activity of those nervous arrangements next lower than those *hors de combat* in the dissolution. Another factor is the kind of person to whom dissolution "comes." And the last factor is the influence of circumstances on the patient undergoing mental dissolution. All factors should, of course, be considered in each case, or, as Dr. Jackson characteristically puts it, "insanity is a function of four variables." I refer to these opinions to show the direction in which some modern speculation on the nature of insanity tends, that thus tracing the course of thought in recent years we may see how, step by step, certain views have been reached, some of them generally adopted, others regarded as still requiring proof before they can be accepted.

The negative and positive view of the nature of insanity receives support, I think, from the phenomena of Hypnotism which, about forty years ago, attracted, under the name of Mesmerism, so much attention in England in consequence of the proceedings of Dr. Elliotson in the hospital and college where we meet to-day. This was in 1838, and Braid's attention was arrested by what he witnessed in 1841. It is no reason because we have re-christened mesmerism that we should ignore the merit of those who, as to matters of fact, were in the right, however mistaken their interpretation may have been.

Elliotson recorded some striking examples of induced

hallucinations and delusions, and in an article in the *Journal* in 1866, I endeavoured to show how suggestive similar instances which I then reported are in relation to certain forms of insanity, and also in relation to sudden recovery from mental disease; the conclusion being forced upon us that there may be cases in which no change takes place in the brain which the ablest microscopist is likely to detect, but a dynamic change—one more or less temporary in the relative functional power of different cerebral centres, involving loss or excess of inhibition.

Nor can I, in connection with the reference to cerebral localization, allow to pass unrecorded the researches of Fritsch, Hitzig, and Ferrier, on account of the intimate, although only partial relation in which they stand to mental pathology—a relation promising to become more intelligible and therefore more important as the true meaning of the psycho-motor centres becomes better understood; for that we are only on the threshold of this inquiry must be evident, when men like Goltz, Munk, and other investigators call in question the conclusions which have been arrived at.

But be the final verdict what it may, when I look back to the time when "Solly on the Brain" was our standard work, and then turn to Ferrier's treatise on its functions, to the remarkable works of Luys, and to Dr. Bastian's valuable contribution to the International Series, I cannot but feel how unquestionable has been the advance made in the physiology of the brain, strangely bent as Nature is on keeping her secrets when-

ever the wonderful nexus which binds together, yet confounds not, mind and brain, is the subject of investigation.

The past forty years have witnessed a great change in the recognition of mental disease as an integral part of disorders of the nervous system, and medical psychology is less and less regarded as a fragment detached from the general domain of medicine. Contributions from all lands have conspired to produce this effect, the somatic school of psychologists in Germany having exerted, probably, the most influence. And we are proud to number in France among our roll of associates a physician who, not only by his pathological researches into diseases of the brain and cord, but by his clinical study of affections closely allied to mental derangement, has by the brilliant light he has thrown upon the whole range of diseases of the nervous system, advanced the recognition of which I have just spoken. I need not say that I refer to our distinguished honorary member, Professor Charcot.

No one will deny that the relations of mind and brain, physiologically and pathologically considered, have in our own country been ably handled by Dr. Maudsley. Those who most widely differ from some of his conclusions will acknowledge this ability, and that his works are expressed in language which, with this author, is certainly not employed to conceal his thoughts. To trace the influence of these writings, and those of Herbert Spencer, Bain, and others of the same school, on the

current belief of psychologists would, however, carry me far beyond the legitimate limits of an address, but I may be allowed to observe that here, as elsewhere, we must not confound clearly ascertained facts in biology and mental evolution with the theories which are elaborated from them. The former will remain; the latter may prove perishable hay and stubble, and when we overlook or ignore this distinction, it must be admitted that we expose ourselves to the just rebuke of the celebrated Professor of Berlin when he protests against "the attempts that are made to proclaim the problems of research as actual facts, the opinion of scientists as established science, and thereby to put in a false light before the eyes of the less informed masses, not merely the methods of science, but also its whole position in regard to the intellectual life of men and nations." He is surely right when he insists that if we explain attraction and repulsion as exhibitions of mind, we simply throw Psyche out of the window and Psyche ceases to be Psyche;* and when, allowing that it is easy to say that a cell consists of minute particles, and these we call plastidules, that plastidules are composed of carbon and hydrogen, oxygen, nitrogen, and are endued with a special soul, which soul is the product of some of the forces which the chemical atom possesses, he affirms that this is one of those positions which is still unapproachable, adding, "I feel like a sailor who puts forth into an

* "I agree with Mr. Martineau in repudiating the materialistic hypothesis as utterly futile."—Herbert Spencer, *Contemporary Review*, June, 1872.

abyss, the extent of which he cannot see;" and, again, "I must enter my decided protest against the attempt to make a premature extension of our doctrine in this manner—never ceasing to repeat a hundred-fold a hundred times, 'Do not take this for established truth.'"*

We all believe in cerebral development according to what we call natural laws or causes, and in the parallel phenomena of mind; as also in the arrested and morbid action of brain-power by infractions of laws or by causes no less natural. In this sense we are all evolutionists. The differences of opinion arise when the ultimate relations of matter and mind are discussed, and when a designing force at the back of these laws is debated. But these questions in their relation to mental evolution, as to evolution in general, do not enter the domain of practical science, and are not affected by the degree of remoteness, according to our human reckoning, of this force or "Ultimate Power."

It will not be denied that at least the foundations of the pathology of insanity have been more securely laid in cerebral physiology during the last forty years, in spite of the fact that the relation of the minute structure of the brain to its functions, and the nature of the force in operation, still elude our grasp. The so-called disorders of the mind having been brought within the range of the pathologist, what can he tell us now of the post-mortem lesions of the insane? Can he give a satisfactory reply

* "Die Freiheit der Wissenschaft im Modernen Staat," by Rudolf Virchow. Berlin, 1877.

to the question asked by Pinel in his day, "Is it possible to establish any relation between the physical appearances manifested after death, and the lesions of intellectual function observed during life?" *

It is a little more than forty years since Lélut published his work entitled "The Value of Cerebral Alterations in Acute Delirium and Insanity," and Parchappe his "Recherches," to be followed by other works containing valuable contributions to the pathological anatomy of mental disease. To attempt to enumerate the contributions to this department abroad and at home would be simply impossible on the present occasion. I cannot, however, omit to notice how early Dr. Bucknill was in the field, as his laborious examination of a number of brains of the insane to determine the amount of cerebral atrophy and the specific gravity, bear witness, as also his demonstration of the changes which take place, not only in the brain and its membranes, but in the cord, in general paralysis; these observations, along with those of Dr. Boyd, having been fully confirmed by subsequent observers.

I recall here, with interest, a visit I paid eight and twenty years ago to Schroeder van der Kolk at Utrecht, whom I found full of enthusiasm (although racked at the time with neuralgia) in the midst of his microscopical sections. And this enthusiasm I cannot but suspect insensibly coloured what he saw in the brains and cords of the insane, or he would hardly have said, as he did say, that he had never failed during a quarter of a

* Preface to his work on Mental Alienation, p. 20.

century to find a satisfactory explanation after death of the morbid mental phenomena observed during life.

It must not, however, be forgotten that Parchappe, just forty years ago, was able to speak as strongly in regard to the brains of general paralytics; and that of others he said that it would be nearer the truth to assert that you can, than that you cannot, distinguish between a sane and an insane brain.

Since that period microscopes of higher power have been sedulously employed by European and American histologists, and in our country the example set by Lockhart Clarke has been followed by many able and successful investigators. I had intended to enumerate in some detail the gains of pathological anatomy in cerebro-mental diseases, and to endeavour to apportion to those who have cultivated this field of research their respective merits; but I find it better to consider what is the practical result of these researches. I may, however, so far depart from this course as to mention the memoirs of Dr. J. B. Tuke in the *Edinburgh Medical Journal* of 1868 and 1869, and elsewhere, on account of their importance in the history of the morbid histology of insanity.

Returning to the practical question of the knowledge now possessed by the cerebral pathologist, I will put into the witness box Professor Westphal and Dr. Herbert Major, as having enjoyed and utilized large opportunities for making microscopic and macroscopic examinations of the insane, and not being hasty—some think the former too slow—to admit the presence of distinctive lesions.

Now, Professor Westphal informs me that he is

unable to trace, in the majority of post-mortems of the insane who have not suffered from general paralysis, any morbid appearance of the brain or its membranes, either with the naked eye or the microscope. He maintains that it would be impossible to designate amongst a hundred miscellaneous brains those which have belonged to insane persons, if the cases of general paralysis had been eliminated.

Dr. Major speaks guardedly; but inclines to think that, even putting aside general paralytics, the sane may be *generally* distinguished from the insane brain. His experience at Wakefield shows that in only seventeen per cent. of the autopsies (excluding general paralysis) the brain showed no decided morbid change. "It must be always remembered," Dr. Major writes, "that the difficulty is not to distinguish between the insane brain on the one hand and a perfectly healthy and vigorous sane brain on the other—the difference between these two extremes is, in my own experience, most striking and startling. The difficulty is to distinguish between the insane brain and that of an individual sane, but in whom the brain is (as in time it may be) anæmic, wasted, or even with tracts of softening. Still," he adds, "I think, generally speaking, the sane organ may be distinguished from the insane, the decision turning largely on the *degree* of the degenerative or other morbid change."

Again, taking only cases of general paralysis, Professor Westphal holds that in by far the greater number of brains of insane persons dying in an advanced stage, morbid appearances similar to those which he has

described in Griesinger's "Archiv. I.," etc., can be traced; the morbid appearances of the cord occurring more constantly than those of the brain.

Dr. Major found that of the post-mortems of paralytics, all displayed appreciable morbid lesions, although in five per cent. of cases they were not typical of general paralysis.

Then coming definitely to the question whether these pathologists have, to any considerable extent, been able to connect the morbid appearances found in cases of insanity with the symptoms, including motor troubles, Dr. Major says that at present he cannot; and Professor Westphal says that he regards "the connection of morbid symptoms with the changes found after death as exceedingly uncertain and doubtful."

I should observe that Dr. Major grounds his statements upon his own recent experience and observation at Wakefield, and that he is not disputing the greater preference shown by certain lesions in general paralysis for particular localities; but only that he does not yet see his way to connect them with the abnormal symptoms present during life. The researches carried on by Dr. Mickle, contributed to our *Journal* (January, 1876), and those of Dr. Crichton Browne, published with illustrations in the "West Riding Reports," must be regarded along with M. Voisin's large work and Hitzig's article in Ziemssen's "Cyclopædia," as placing before us whatever evidence can be adduced on the relations between the pathology of general paralysis and cerebral physiology. Hitzig, who from his investigations into the cerebral motor centres,

and his position in an asylum for the insane, ought to be qualified to judge, surmises that those localities of the brain by the electrical irritation of which in animals he produced epileptiform attacks bearing the closest resemblance to the attacks of paralytics, are affected in general paralysis. He thinks, moreover, that as destruction of these cortical spots causes disturbance of motion, resembling the symptoms pathognomonic of grey degeneration of the posterior columns observed in general paralysis, there is an added reason for assuming this connection.

Dr. Mickle in his recent excellent work on general paralysis has exercised much cautious discrimination in admitting the relation between the symptoms and the alleged psycho-motor centres, and while his researches in a rich field of observation at the Grove Hall Asylum lead him to find some cerebral lesion in every case, especially in the fronto-parietal region, he cautions against the "too ready indictment of motor centres in the cerebral cortex as answerable for the most frequent and characteristic motor impairment, that of the lips, tongue, face, and articulatory organs generally;" fully believing, however, that in the production of these symptoms the cortical lesion is at the very least an important factor. "Whether the principal mental symptoms can be entirely referred," he says, "to the organic changes in certain frontal (and parietal) convolutions—the motor to those of the so-called cortical motor zone—the sensory to those of certain portions of the temporo-sphenoidal and parietal —must remain a matter of question," while in regard to the convulsive attacks, Dr. Mickle has in some cases

been "unable to trace a harmony between these and the results of physiological experiment; in other cases they have seemed to harmonize fairly." * Dr. Mickle informs me that in the insane other than general paralytics, he has in the majority found some lesion in the brain and membranes.†

These results of research in cerebro-mental pathological anatomy and physiology may not seem, when placed side by side with the sanguine opinions of Schroeder van der Kolk and Parchappe, to present so triumphant a proof of progress and solid gain as might be desired or expected, and much, we must admit, has to be done before Pinel's question can be answered with the fulness we should wish. Nevertheless the advance is very considerable, and the best proof of the accumulating knowledge of the morbid histology of the brain and cord in the insane will, I think, be given this week by the collection of microscopical preparations of Gudden, Holler, etc., brought together by the untiring energy of Dr. Savage, including his own at Bethlem Hospital. I have but to point out how impossible such an exhibition would have been forty years ago to give significance to the contrast between 1841 and 1881; thanks to those

* "General Paralysis of the Insane," by Wm. Julius Mickle, M.D., M.R.C.P. London, 1880.

† Among the groups of cases in which they were more decidedly present is that comprising many due to syphilis; that in which degenerative changes follow upon hæmorrhagic softening, and another in which they succeed to occlusion of vessels and its immediate results. In another, degeneration and atrophy follow, the brain state conditioning acute insanity; and in another they are secondary to brain injury, not to mention many other groups.

who, although they may still often see as "through a glass darkly," have so wonderfully advanced the application of microscopic examination to the tissue of the brain, and prepared such beautiful sections of diseased brain and cord.

Another proof of progress might have been given, had time allowed of a reference to what has been done in the study of the brains of idiots, both morphologically and histologically, by Mierzejewski, Luys, and others, these results being sufficient to prove, had we no other evidence, the fundamental truth of cerebro-mental pathology—the dependence of healthy mind on healthy brain.

We are surely justified in expecting that by a prolonged examination of every part of the brain structure, and the notation of the mental symptoms, we shall arrive in future at more definite results; that the locality of special disorders will be discovered, and that the correlation of morbid mental and diseased cerebral states will become more and more complete, that the scientific classification of mental maladies may be one day based upon pathological as well as clinical knowledge, and psychology be founded, in part at least, upon our acquaintance with the functions of the brain. Let us hope, also, even though it be a hope in the sense rather of desire than of expectation, that by these discoveries the successful treatment of mental disorders may be proportionately advanced.

I would now turn to the very important question

whether the treatment of the insane has advanced since 1841?

Of course, so far as this includes moral treatment and management, it has advanced in all civilized countries in a manner calculated, all will admit, to cause the liveliest feelings of satisfaction. Putting aside *moral* treatment, we cannot boast, it must be confessed, of the same unanimity of judgment. If, however, it must be admitted that as respects details, *Tot capita, tot sensus*, it will be allowed that, notwithstanding the so many heads, and the as many opinions, the general principles of treatment based upon a just view of the general pathology of insanity, are accepted by all. There were too many who, forty years ago, bled freely for mania, and I remember Conolly, at even a later period, complaining of the number of patients brought to him hopelessly demented in consequence of the heroic treatment to which, when maniacal, they had been subjected by men who, no doubt, still believed with Paracelsus when he said, "What avails in mania except opening a vein? Then the patient will recover. This is the arcanum. Not camphor, not sage and marjoram, not clysters, not this, not that, but phlebotomy." Well, this treatment by the Paracelsuses of 1841 has been supplanted by the more rational therapeutics which we witness in 1881.

Dr. Stokes, the highly respected superintendent of the Mount Hope Retreat, Baltimore, thus writes in his last annual report: "Forty years ago, when this institution was opened, large blood-lettings—in the standing, recumbent, or sitting posture, to the amount of thirty or

forty ounces—were recommended in acute mania, followed up by local depletion, by leeches, to the number of twenty or thirty, to the temples. The moral treatment, hygienic measures, exercise, and suitable occupation were almost wholly ignored. Drastic purgatives, . . . the shower bath, large and frequent doses of tartarized antimony, and mercury to the extent of producing ptyalism, were the most popular remedial agents in the treatment of insanity. This, in general terms, was the system advocated and practised when, forty years ago, this institution entered upon its godlike mission."

If the success of the treatment of insanity bore any considerable proportion to the number of the remedies which have been brought forward, it would be my easy and agreeable duty to record the triumphs of medicine in the distressing malady which they are employed to combat. But this, unhappily, is not the case. Hypodermic injections of morphia, the administration of the bromides, chloral hydrate, hyoscyamine, physostigma, cannabis indica, amyl nitrite, conium, digitalis, ergot, pilocarpine, the application of electricity, the use of the Turkish bath and the wet pack, and other remedies too numerous to mention, have had their strenuous advocates during late years. Each remedy, however, let us hope, leaves a certain residuum of usefulness behind it, though failing to fulfil all the hopes raised on its first trial.

Dr. Ramskill lately avowed his opinion in my hearing that the advent of the bromide has done infinite mischief. Others, attacking chloral, would maintain that while the bromide has slain its thousands, chloral hydrate has slain

its tens of thousands. In spite of this, however, Dr. Ramskill, doubtless, continues to employ the bromide; and who would wish to be deprived of chloral, or any other drug, because of its abuse?

> "For nought so vile that on the earth doth live,
> But to the earth some special good doth give;
> Nor aught so good, but strained from that fair use,
> Revolts from true birth, stumbling on abuse."

Employed without discrimination, regarded as a talisman in insomnia and excitement—petted, in short, when it ought to have been restrained—chloral became for a time the spoilt child of psychological medicine, and, like other spoilt children, it has disappointed the fond hopes of its parents.

When it is possible for a physician in asylum practice to write as Dr. Pritchard Davies has written this year in our *Journal*, "On Chemical Restraint," to the effect that chloral, the bromides, and other sedatives are unnecessary, or even injurious; when, on the other hand, we have Dr. Hills replying that his experience at the Norfolk Asylum leads him to an entirely opposite conclusion; and Dr. Stokes, in America, writing thus in his report, after 7425 patients have been under treatment in his asylum, "without wishing to undervalue the great importance of an efficient system of moral treatment, great results can only be expected from a patient and persevering administration of powerful remedial agencies"—I say when such contrary opinions can be expressed by practical men, one feels how impossible it is to dogmatize upon the good effected by pharmaceutical

remedies in insanity, and how far we are yet from witnessing a consensus of opinion in regard to their value.

It must be frankly granted that Psychological Medicine can boast, as yet, of no specifics, nor is it likely, perhaps, that such a boast will ever be made. It may be difficult to suppress the hope, but we cannot entertain the expectation, that some future Sydenham will discover an anti-psychosis which will as safely and speedily cut short an attack of mania or melancholia as bark an attack of ague.

Rather must we rest satisfied with the general advance in treatment in a scientific direction. Most of us know asylums where, within forty years and much less, tartarized antimony was in daily use in large doses as a quietus, and where croton oil was administered in addition to black draughts to a surprising extent, all these remedies being now employed only on the rarest occasions. Take an actual example, one of many, in a particular asylum. A few years ago a patient, who had been much excited and very troublesome, was treated in season and out of season with strong purgatives and sedatives. It so happened that he then fell under a new *régime*, which consisted in knocking off all these medicines and placing him under one attendant's entire supervision. The result was that he became as quiet and docile, though not cured, as any of the inmates of the asylum, and has remained so to the present time. But we may go further, and say that some cases of insanity are cured now which a few years ago would

have remained uncured. Indeed, in relation to the associated bodily state, it may be said that specific treatment has been adopted. Remedies, like iodide of potassium, in large doses, are employed in cases in which, from the increased attention directed in recent years to the somatic ætiology of insanity, a causal relation between the physical and mental condition has been recognized, and the mental symptoms have disappeared in the most marked manner; and so again in gouty melancholia, relief has been obtained by appropriate remedies and diet. These are illustrations of the directly scientific application of medicine to medical psychology, and it is in this direction we must hope for a really satisfactory advance.

On the other hand, there are the successes obtained by the employment of drugs without our being able to say why or how they have exerted a curative agency; and it is obvious that as the number of drugs has so much increased during the period over which my survey extends, the chances of hitting on the right remedy are proportionately increased. How often we see one, two, or three drugs exhibited in mania without any result, while a fourth acts like a charm. Only by studying in detail the special characteristics of each case, can we hope to find a clue which will serve as a guide to the treatment of a subsequent one.

In this country, Dr. Clouston has distinctly advanced our knowledge of the action and uses of narcotic remedies by experiments made to determine the effect on maniacal excitement of single doses of certain

remedies, stimulants, and food; of, again, the effect on mania of prolonged courses of certain narcotic medicines, along with clinical observations on the effects of the same medicines in all kinds of insanity, and has determined the equivalent value of opium, bromide of potassium, and cannabis indica in the treatment of insanity.

Dr. Savage has experimented with one drug at a time on a number of patients, and has already given to the profession some valuable results in "Guy's Hospital Reports," and the *Journal of Mental Science*. "The West Riding Asylum Medical Reports" of Dr. Crichton Browne also contain some important experiments with drugs by himself and others; and in this connection I would notice the excellent clinical notes issued from time to time by Dr. Williams and other officers of the Hayward's Heath Asylum, which are well worthy of more permanent record in the archives of the Association. I cannot, indeed, understand any one seriously maintaining that we are practically no better off in our medicinal resources now than we were forty years ago.

Whatever differences of opinion may exist in regard to the advantages gained by the introduction of new drugs, one thing is clear, that the employment and, let me add, the repose of patients, well-ordered arrangements, and the tact of the superintendent will oftentimes do more to reduce the amount of excitement and noise in an asylum than tons of chloral and bromide. For example, any one who has visited Hanwell knows that Dr. Rayner anticipates and prevents post-epileptic mania to a very large extent by the simple expedient of keep-

ing patients in bed after their fits, just as he finds forced alimentation of patients rarely necessary when rest is resorted to. It is striking to see how, even in an overgrown asylum and an old building, the results of good management and treatment can be highly satisfactory, and worthy of an institution of such historic fame.

But, after all, the question faces us, are there or are there not more insane persons cured in 1881 than in 1841?

One's first impulse, of course, is to take the statistics of recovery for a certain number of the more recent, and compare them with those of the earlier years, or to take the recoveries of the past forty and place them side by side with those of the previous forty years. The attempt, however, is fraught with so many fallacies that it is dangerous to make such a comparison. In a report of Bethlem Hospital, issued in 1841, Sir Alexander Morison stated—not as anything exceptional—that seventy per cent. of the patients had been discharged cured; while an examination of the recoveries at this hospital for the last ten years shows a much smaller proportion per cent. But I cannot accept these comparisons as proving anything one way or the other, as various causes, quite apart from the comparative success of treatment at different periods, may explain the difference. Take a single asylum, like Hanwell, and compare the recoveries of a later with an earlier period. I find a population so fluctuating in character, in regard to curability, that the comparison becomes utterly worth-

less, and although it is true that during the last quinquennium 28·1 per cent. have recovered, as against 26·3 per cent. during the first quinquennium of the past forty years, in spite of there having been more incurables received during the later period, the result is not so satisfactory when we divide into certain periods the whole time during which Hanwell has been open (omitting the first four years). It then appears that during two previous periods the recoveries were higher than 28·1 per cent., viz. from 1840 to 1849 and from 1865 to 1874. Thus :—

1835–39 (inclusive)	25·3
1840–49	28·5
1850–54	25·2
1855–64	27·9
1865–74	30·4
1875–79	26·3

Or in quinquennial periods throughout :—

1835–39 (inclusive)	24·8
1840–44	26·3
1845–49	32·1
1850–54	25·2
1855–59	30·7
1860–64	27·0
1865–69	30·4
1870–74	30·5
1875–79	26·3

If to escape the fallacies connected with the comparison of different periods of the same asylum, we go to the Lunacy Blue Books, we do not get any reliable figures before 1870, on account of transfers having been previously included in the admissions, so that a fair

comparison of recent and former recoveries worked on the admissions is impossible.

I have before me the statistics of the Siegburg Asylum, thanks to Dr. Ripping, from its opening to its close; and I find that the recoveries during the first twenty-five years amounted to forty-two per cent., and during the twenty-five years ending with the year 1877, they were forty-six per cent., thus showing an increase of four per cent. in the more recent period. As this asylum, now closed, has admitted curable cases only, these figures are among the few valuable statistics which I have been able to procure.

I have not succeeded in obtaining satisfactory comparative results by adopting, in the mixed asylums of England and Wales, the plan of working the recoveries, not on the total admissions, but on those only deemed curable; but to explain this fully would involve me in more detail than the occasion warrants.

I would add that in the United States, where reasons have been assigned why the statistics of asylums exhibit apparently fewer recoveries in the later than the earlier period of the last forty years, Dr. Pliny Earle has done good service by the remarkable contribution he has made to the question of the curability of insanity,* corroborating, at the same time, the somewhat unfavourable conclusion as to permanent recovery which Dr. Thurnam, in a work which will always be a Pharos to guide those

* In the same department the services of another American alienist, Dr. Edward Jarvis, ought not to be forgotten. Among other works, his Report on the Idiotic and Insane in Massachusetts, 1854, was of great value.

who sail on waters where so many are shipwrecked, arrived at, after a laborious examination of the after history of cases discharged recovered from the York Retreat. It is likewise anything but reassuring to find that, out of the total number of lunatics under care in England and Wales, there are at this moment only 3592 who are deemed curable.*

Such, gentlemen, is my Retrospect of the Past. Meagre it has necessarily been, though occupying more of your time than I could have wished, but the number of subjects demanding reference must be my excuse.

We found, at the commencement of the period we have traversed, the accommodation provided for the insane scandalously insufficient, and the condition of many of the existing asylums calling loudly for a radical reform.

We witness to-day, throughout the kingdom, a large number of institutions in admirable working order, reflecting the greatest credit upon their superintendents and committees.

We found a wholly inadequate system of inspection.

We witness now a Board of Commissioners, which, without forfeiting the good will of the superintendents, carefully inspects the asylums throughout the provinces as well as the metropolis—as carefully and thoroughly, at any rate, as the same number of men originally

* It is a remarkable fact, showing the mass of incurable cases which have accumulated, that the number of curable cases now is only about 1000 more than it was in 1844 (2519).

appointed to examine into the condition of some 20,000 patients can fulfil a like duty for above 70,000.

We found a resolute attempt being made to carry out and extend the humane system of treatment inaugurated nearly half a century before in France and England.

To-day we witness its success.

And had I had time to sketch the progress in the provision made for criminal lunatics, we should have found that just forty years ago was the commencement of what Dr. Nicolson has named the "Reactionary Period"—during which this Association petitioned the Government (in 1851) to establish a criminal lunatic asylum—followed in 1860 by the "Period of Centralization" or that of Broadmoor—an institution to-day so efficiently superintended by Dr. Orange.

And in what consists the superiority of the new over the old system of treatment—the nineteenth over the eighteenth century?

The old system was mainly one of brute force—the child alike of igorance and fear.

The new does not indeed dispense with force, but it is a maxim of the reformed school, from which no one, whose opinion carries weight in psychological medicine, whether in America or in Europe, would dissent, that it should be reduced to the lowest possible point, consistent with safety and the good of the patient, and that humanity should dictate the means of repressing, or rather guarding against, violence, both as regards their amount and character.

The old system subjected patients, who underwent any medical treatment at all, to a miserable routine, often determined by the season of the year and the phases of the moon, rather than the condition of the patient.

The new does not pretend to possess a universal formula, or to have discovered the psychologist's stone, but strives to treat each patient according to individual indications.

The old system desired secrecy; the new is not afraid of publicity.

The old system, in short, believed in harshness and darkness; the creed of the new is, "I believe in sweetness and light."

Such are the results achieved for Psychological Medicine.

If this be the Restrospect of the Past, what is the Prospect of the Future? Will the progress of the last forty or the last ninety years be maintained? I trust it will, but one need not be a pessimist to be sensible that the humane treatment of the insane may have its ebb as well as its flow; that so far from its being true that there is a constant and certain tendency to humanity, there is also a strange tendency to relapse into inhuman ways. Vigilance is and always will be required, for if it be allowed to slumber, we but too well know that there is only one direction in which things will go when left to themselves—and that is downhill.

The functions—the mission—of this Association may

be regarded from a threefold point of view: first, in relation to insanity and the insane; secondly, in relation to its members; thirdly, in relation to the public.

I.—Under the first are comprised what in the original rules, drawn up by the founders of this Association forty years ago, were stated to be its objects, namely, "Improvement in the management of asylums and the treatment of the insane;" and further, "The acquirement of a more extensive and more correct knowledge of insanity."

Added to the improved management of asylums is the necessity now for making appropriate provision for idiots and imbeciles, and their education so far as practicable, grappling at the same time with the problem how best to provide for the mass of incurable pauper patients in the provinces, and the extension of middle-class asylums, and of cottages in connection with the central institution.

There are, of course, various ways in which the welfare of the patients in asylums can be promoted, by the attention directed by the Association to special points of importance. To instance only one, the occupation of patients, including systematic teaching which Dr. Lalor has so successfully developed in the Richmond Asylum, Dublin. Though very much has been done, there is, all, I think, will agree, room for more sustained effort in this direction. "There is one monster in the world—the idle man," are the words of one who has lately passed beyond the reach of praise or blame, which ought ever to be in the minds of those who direct our asylums. It may be that if more were done in future

in the spirit of this apophthegm of the Sage, if not the Saint, of Chelsea, there would be less chance of patients chewing the cud of bitter reflection and dwelling upon the delusions by which they are haunted and harassed.

In proportion as we feel the inadequacy of our means of cure, we must recognize the necessity of studying the ætiology of insanity, including that *damnosa hæreditas*, which is the cause of causes in so large a number of the cases coming under our treatment. But what induced the ancestral taint? It behoves us to pay more and more attention to those laws of inheritance in general to which Mr. Hutchinson has recently directed attention in his suggestive lectures at the College of Surgeons.

When M. Baillarger proposed that a similar association to this should be established in France, he gave, among other reasons, the advantage which would accrue from discussing this very question. "Every one," he said, "is assuredly decided upon the influence of heredity in the production of insanity (Mr. Buckle had not then written); but in this primary question, how many secondary ones there are which remain unsolved." Since he thus wrote, his own countrymen, Morel and Lucas, have, by their researches, advanced our knowledge, and rendered the task of their successors in the same field easier.

Intemperance also, as a cause as distinct from a symptom of insanity, requires to be more thoroughly examined into, and I am happy to say Dr. Hayes Newington, than whom no one could be better fitted for the task, has prepared a series of questions arranged

in a tabular form, which has been before the Statistical Committee, and will appear in the *Journal*.

Again, there remains for the future the continued research into the causal connection between certain mental symptoms or disorders and accompanying lesions of the brain and cord. Dr. Spitzka, of New York, in the prize essay which he is about to publish, enters carefully into this inquiry, and I am hopeful that his industry and talent will be rewarded by marked success. These and kindred investigations might, no doubt, be pursued in a more methodical manner than is always the case in English asylums. To this end, the appointment of a pathologist, as at Wakefield in our own country, and at the Utica Asylum in America, ought to become general.

Clinical teaching in our asylums admits of much greater development, though they may not be able to meet the demands made upon them, should examinations be required in medical psychology by the examining bodies. To-day the student has fortunately a very different position from that which fell to his lot forty years ago. He has at his command means of research then unknown, as the ophthalmoscope and sphygmograph, and all the modern improvements in the microscope and in preparing sections; and can he not experiment on knee jerks, and a host of reflex and electric phenomena never dreamt of by his predecessors? He has, moreover, the stimulus begotten of the sense that enough has been discovered to indicate how much precious treasure lies hidden beneath the ground he now

treads, like the gold-digger whose ardour is quickened and labour repaid by the discovery of the minutest particle of the metal of which he is in search.

II. The second relation in which this Association stands—to its members—suggests that we must needs be alive to legislation affecting the rights of those who are engaged in this department of medicine. This association is not a trades union, but there are various points bearing on their position which have to be considered, as in connection with a Bill like Mr. Dillwyn's, or the matters discussed two years ago at the annual meeting, when brought forward by Dr. Murray Lindsay. It is true that for him who has taken mental science, in its widest sense, as his mistress; for him who has wooed her for her own sake, knowing full well that for him she may hold no dowry in hand or pocket, there is the supreme pleasure arising from study and observation themselves—that recompense which is better than gold, and more precious than rubies. All this is true; but none the less the superintendents of asylums have a right to expect not only that their services shall be adequately remunerated when in harness, but that they may count with certainty upon a fair provision in the evening of life.

III. With regard, thirdly, to the influence of this Association on public opinion, we should be strangely faithless to our mission, if we were not the expositors of the principles in accordance with which the insane ought to be regarded; if we did not endeavour to enlighten the community in the doctrines of true psychological science, and in that philanthropy which is as

far asunder as the poles from the fitful pseudo-philanthropy from which our country is unfortunately not free, the wild, ill-regulated, hysterical clamour with which we are epidemically visited, as injurious to the lunatic as it is to the interests of society at large.

This Association, further, ought to continue to bring before the lawyer what it regards as the just test of criminal responsibility; to entreat the educator not to defeat the object of his noble profession by exactions which transgress the limits by which Nature has bounded human capacity; and to warn parents, as Dr. Brigham did in his day with so much zeal, of the dangers to mental health arising from precocious forcing during the early growth of the brain, and with a tenfold greater necessity than when he wrote, in presence of the illimitable folly of examining boards, some of them medical, the members of which have not even the poor excuse of ignorance; and last, but not least, to counsel the teacher of religion against the peculiar dangers which attend his exalted mission, remembering that—

"Virtue itself turns vice, being misapplied."

Various, then, are the functions of our Association. But what, asks the late Sir James Stephen, the eloquent writer in the *Edinburgh*, is a party, political or religious, without a Review? and he replies, "A bell without a clapper." Such a bell would this Association have been without its *Journal*, and it must gratefully attribute much of its success to the ability with which in the first instance Dr. Bucknill, and subsequently Drs. Robertson,

Maudsley, Sibbald, and Clouston, have helped to make an otherwise clapperless bell articulate.

Through this organ of the Association, for which, speaking for my colleague and myself, I would venture to ask your loyal co-operation, much scientific work can be brought before the profession, many questions can be systematically discussed, and the invaluable experience of the superintendents of asylums on practical points be presented to its readers and permanently preserved.

The objects I have mentioned as calling for further attention, and many more, belong to the future of Psychological Medicine, and as I began my address with proposing to review the period bounded by the years 1841 and 1881, I will close it with expressing the hope that when a successor of mine in this office reviews the then vanished period between 1881 and 1921, he will be able to report an accelerated ratio of progress compared with that of the time I have attempted, so inadequately, to survey.

And may the Medico-Psychological Association, which I trust will always be identified with this progress, be about to enter, after its wanderings, "forty years long," a land flowing with milk and honey, won by conquests over ignorance, superstition, and cruelty—the triumphs of the application of humanity and medical science to the relief of mental weakness and suffering.

CONCLUSION.

IN completing the task which the author has attempted in the foregoing chapters in the History of the Insane in the British Isles, he is only too conscious that, in the endeavour to be concise as well as comprehensive, he has made many omissions. With every desire to be fair to all who have been engaged either in originating or in advancing the improved treatment of those who, suffering cruelly from a malady involving their very nature and being, have also been treated cruelly by their fellows, the writer fears that some names which ought to have been recorded and some institutions which ought to have been honourably mentioned, have been passed over in silence. Apart from unintentional oversight, it is not always easy to find in the Temple of Fame the precise niche in which to place the figure that would rightfully fill it, and the consequence is that the pedestal, as in some of our great public edifices, remains unoccupied. It may be said, however, in extenuation of any such omission, that it did not fall within the scope of this book to chronicle all the establishments which, in more humane methods of treatment, have been in advance of

others, still less to complete the history up to the present day of those which have been mentioned. As it proceeded, the work has entered more into detail than was originally designed; thus, in the chapter on Scotland the sketch is filled in with particulars somewhat out of proportion to that attempted in the earlier chapters.

Again, in crediting various asylums, as Lincoln, Hanwell, and Lancaster, with introducing non-restraint, the author has not found space for more than a reference to the meritorious course pursued at an early period at the Suffolk Asylum, the Gloucester Asylum, and at Northampton from its opening (1838), and at the Haslar Hospital.*

The writer would have been glad, had the proposed limits of the book admitted of it, to describe much more fully the rise and growth of those charitable institutions, the endowed or registered hospitals for the insane, which have in England formed so important, and, on the whole, so successful, an experiment in providing care and treatment for the insane of the poor but non-pauper class, supplemented as they have been by the payments of the rich. At the present moment, the principle and the method by which these institutions are governed attract much earnest attention, and appear to not a few to afford the best alternative provision for the middle and upper classes, as against asylums carried on by private enterprise. It may be so. Abuses which in former days were possible, could not occur under the legislative restrictions of our time; but it must not be

* See Report of the Metropolitan Commissioners. 1844.

overlooked that their annals have disclosed, in some instances, abuses as great and inhumanities as shocking as any that have disgraced the history of private houses. How abominably even such institutions have been managed, has already been depicted in a notorious example; how admirably, might have been shown, had space allowed, as regards the same institution in the hands of men who, like Dr. Needham, have maintained the reforms previously introduced within its once dishonoured walls, and carried forward that humane system of treatment which, Phœnix-like, arose from its ashes. The author would have liked to do justice to other hospitals—as that at Northampton, which under Dr. Bayley's remarkable power of organization has proved so great a success; that at Cheadle, which under Mr. Mould's exhaustless energy has shown how the various needs of different phases of mental disorder may be met by various modifications in the provision made for their care outside the walls of the asylum, thus combining cottage treatment with the control of the central establishment; and, lastly, that at Coton Hill, Stafford, which now and for many years has been superintended by Dr. Hewitson—an institution due to a wave of public feeling in favour of an institution for those in reduced circumstances, which bore this practical fruit after some temporary discouragement.

Of the work done by county asylum superintendents it is impossible to speak too highly; in fact, it would be difficult to know when to stop, were one to be mentioned. Superintendents of the vast asylums of Middlesex,

Lancashire, and Yorkshire deserve the recognition of services performed day by day with faithful diligence, not always sufficiently appreciated, and not always without peril, as instanced in the case of the late superintendent of Brookwood, Dr. Brushfield.*

As of those whose hourly labour is performed in these and other institutions, so of those who were labourers, however humble, in the early days of asylum reform at the close of the last and the beginning of the present century, it must never be forgotten that work unobserved by the public eye, but conscientiously performed for the unfortunate class which, to a large extent, is unable to appreciate or thank the kindly hand which shields them from cruelty or saves them from neglect, will find its reward in the conscience; and also in the increased happiness of those whom it benefits, though it may not set the worker on any pinnacle of fame. It is to such that the author of "Romola" refers when speaking of the "valiant workers whose names are not registered where every day we turn the leaf to read them, but whose labours make a part, though an unrecognized part, of our inheritance, like the ploughing and the sowing of past generations."

* Since the above was in type, another example has occurred in the case of Dr. Orange, who has been assaulted by a criminal lunatic, and narrowly escaped serious injury.

APPENDIX A.

(Page 61.)

In addition to the maps of Ralf Agas (cir. 1560?) and Braun and Hogenberg (1572), there is an earlier view of London and Westminster by Anthony van der Wyngrede, 1543, in the Bodleian Library, Oxford, but it is worthless for the purpose of tracing the outline of Bethlem. No additional light is thrown on the buildings by the view of London and Westminster in Norden's "Speculum Brittanniæ," engraved by Picter van dem Keere, 1593. It appears to be agreed that, whatever the date or designer of the so-called "Agas" may be, it is "the earliest reliable survey of London." Virtue's reprint is dated 1737. Mr. Overall's "Facsimile from the original in the possession of the Corporation of the City of London" was published in 1874. It is, however, only by a careful study of the original with a magnifying glass and a good light, that the outline of the Bethlem buildings can be made out.

Smith, in his "Topography of London" (1816), p. 36, says that the only plan of London showing the first Bethlem which he had been able to meet with is that by Hollar. This map showed Moorfields divided into quarters, with trees surrounding each division, the site of the second Bethlem being then an uninterrupted space, and a cluster of five windmills standing on the site of the north side of Finsbury, a part of which in Mr. Smith's memory was called Mill Hill. Hollar's rare map (1666 or 1667) is so much later than Agas, that we have not followed its distribution of the buildings. In Faithorne's map, published a few years earlier (1658), from a survey in 1640, "Bedlame" is represented as a quadrangle, with a gate in the

wall on the south side. There is a very clear outline of the first Bethlem in Lee and Glynne's map of London (in Mr. Gardner's collection), published at the Atlas and Hercules, Fleet Street, without date. This map is also in the British Museum. Mr. Coote, of the Map Department, fixes the date at about 1705. Rocque's map of London (1746) shows Bethlem distinctly. This map, and Ogilby's, formed the basis of Mr. Newton's "London in the Olden Time," 1855.

With regard to the story of the skeleton in irons and Sir T. Rowe's burying-ground, mentioned at p. 49, it is not disputed that he was concerned in the burying-ground of Bethlem; but the skeleton appears to have been found some distance from this spot. What is stated in Strype's "Stow" (Bk. ii. p. 96, edit. 1720), is that in 1569 "Sir Thomas Rowe caused to be enclosed with a wall about one acre, being part of the said hospital of Bethlem, to wit, on the west, on the bank of Deep Ditch, parting the hospital from Moorfields. This he did for burial in case of such parishes of London as wanted ground convenient within their parishes. This was called New Churchyard near Bethlem."

There are some very fine prints of the *second* Bethlem Hospital in the Print Room of the British Museum. Of these (to which Mr. Crace's collection is a recent valuable addition), and the prints in Mr. Gardner's private collection and the Guildhall Library, the following list has been prepared. I have again to thank Mr. Gardner and Mr. Coote for their assistance. I have also to thank Mr. Crace for allowing me to see his prints before they were removed to the British Museum.

Views of Bethlem Hospital.

1. Inscribed "Hospitium Mente Captorum Londinense. Frontispicium Hospitii (vulgo Bedlam dicti) mente captis destinati, sub auspiciis colendissimi viri Gulielmi Turner Equitis aurati Senatoris non ita pridem Prætoris Londini

Præsidis dignissimi nec non Beniamini Ducane Armigeri Thesaurarii fidelissimi; cæterorumque ejusdem Hospitii Gubernatorum A.D. MDCLXXV mense Aprili fundati, anno sequento mensi Juli consummati." R. White sculp. Printed by John Garrett, 1690. 47 in. by 22½ in. Crace Collection, $\frac{26}{3}$; Guildhall Library.

2. A New Prospect of y^e^ North Side of y^e^ City of London, with new Bedlam, and Moorefields (showing New St. Paul's). 1710. 58 in. by 22½ in.

This print is a later edition of one by J. Nutting, 1689, in which old St. Paul's is shown. Crace Collection, $\frac{26}{1}$.

3. On a scroll, "Hospitium mente captorum Londinense." New Bedlam in Moorefields. Soly fec. Sold by H. Overton, cir. 1730. 22¾ in. by 16½ in. Gardner Collection; British Museum.

4. Painting of Bethlem Hospital (fresco) in one of the rooms of the Foundling Hospital, by Haytley. 1746.

5. The Hospital of Bethlem (L'Hospital de Fou). A view showing also Moorgate. J. Maurer del.; T. Bowles sculp. 1747. 16 in. by 10½ in. Gardner Collection; Crace Collection, $\frac{26}{6}$; Guildhall Library.

6. Hospital of Bedlam. Smaller copy of Bowles's print. Gardner Collection.

7. Interior of Bedlam, by Hogarth. 1735. Gardner Collection.

8. Bethlehem, a Poem, with a view of Bethlehem. By J. Clark. 1749.

9. Bethlehem in Moorfields. 1752. By B. Cole.

10. The Hospital called Bedlam. 1754. Gardner Collection.

11. View of Hospital of Bethlehem. 6 in. by 10 in. Robert Sayer, cir. 1760.

12. Visit to Bedlam. R. Newton. 1794.

13. Mezzotint of Bethlehem, by Malton. 1798. 11 in. by 9 in.

14. Bethlem Hospital as it appeared in 1811 (proof). Arnold del.; Watkins sculp. Guildhall Library.

15. London Wall and Bethlehem Hospital. Etching by J. T. Smith. 1812.

16. South-west View of Bethlem Hospital and London Wall, 1814. Smith del. et sculp. Guildhall Library.

17. Two clever water-colour drawings of Bethlem. Gardner Collection.

18. Water-colour drawing of gate with the recumbent figures by Cibber. Richardson. Gardner Collection.

19. The two figures on the pediment of the gate by Cibber. Stothard del.; Sharp sculp. 1783. Guildhall Library.

20. The same. Burell sculp. 1805. 6½ in. by 4½ in. Crace Collection.

21. The same engraved by Warren in Hughson's "London," vol. iii. p. 81. Gardner Collection.

22. A portrait of William Norris as confined in Bethlem Hospital. Arnold fec. 1814.

23. New Bedlam in Moorfields, 6½ in. by 9½ in., and another 5½ in. by 6½ in. No date or name of artist. Gardner Collection.

24. Das Narren Hospital Bethlehem. Dutch print. No date. Gardner Collection.

25. Plan of Moorfields and Bethlem Hospital. Gardner Collection.

26. New Bedlam in Moorfields. 10½ in. by 7 in. Very early view. No date. Gardner Collection.

27. The New Prospect of Bedlam, Moorfields. By John King. 10 in. by 4 in. No date (costume cir. Will. III.).

28. The Hospital of Bethlehem. 9 in. by 14 in. No date. Gardner Collection.

29. Curious and quaint drawing of Moorfields and Bethlehem. 13 in. by 21 in. Gardner Collection.

30. Bethlehem Hospital, by Toms. 7½ in. by 15. Gardner Collection.

31. Three views. Hospital de Bethlem; New Bedlam; Bethlehem. Gardner Collection.

32. Bethlehem in St. George's Fields. Ground Plan of New Bethlem Hospital. Basire sculp. 1819. This, with five other views by Shepherd, etc., are in the Guildhall Library.

VIEWS OF ST. LUKE'S.

1. "Enthusiasm displayed." The Rev. John Whitfield preaching under a tree in Upper Moorfields, with view of "St. Luke's Hospital for Lunaticks" in the background. J. Griffiths pinx.; R. Tranker sculp. 1750. 19¾ in. by 15 in. Gardner Collection; Crace Collection, $\frac{33}{19}$.

2. Elevation of St. Luke's Hospital in a pamphlet entitled "Reasons for the Establishing, etc., of St. Luke's." 1765. Guildhall Library.

3. Another elevation. J. Dance arch. et sculp. 1784. 15 in. by 4½ in. Gardner Collection; Crace Collection, $\frac{33}{15}$.

4. Front view of the New St. Luke's Hospital, lately erected in the City Road. Deeble del. et sculp. 1785. Gardner Collection; Guildhall Library.

5. St. Luke's Hospital, Old Street Road. A coloured print from a drawing by F. A. Shepherd. 1814. 8 in. by 5¼ in. Original drawing in the Gardner Collection; Crace Collection, $\frac{33}{16}$.

6. Lunatic Hospital of St. Luke's. Aquatint. Gardner Collection.

7. Front View of the New St. Luke's Hospital. No date. Gardner Collection.

8. Ditto. Ditto. 15 in. by 5 in. Gardner Collection.

9. Sepia drawing of St. Luke's. Gardner Collection.

10. Two original drawings by John Carter. Gardner Collection.

11. Lunatick Hospital of St. Luke, published by Ackermann. 1815. Gardner Collection; Guildhall Library.

12. St. Luke's Hospital, Old Street Road. Shepherd del.; Sands sculp. 1815. Gardner Collection; Guildhall Library.

13. St. Luke's Hospital. Higham del. et sculp. 1817. Guildhall Library.

14. Lunatic Hospital, St. Luke's. S.W. view. T. H. Shepherd del.; J. Gough sculp. 1837. 5¾ in. by 3½ in. Gardner Collection; Crace Collection, $\frac{33}{18}$.

15. Interior of St. Luke's. Rowlandson and Pugin del. et sculp.; Stahler aquat. 1809. Gardner Collection; Guildhall Library.

APPENDIX B.

(Page 142.)

In reference to the writers on insanity at the close of the eighteenth century, Dr. Pargeter, in the work referred to at p. 142, after dwelling slightly on the pathology, causation, and nature of insanity, becomes disheartened and exclaims, "Here our researches must stop, and we must declare that wonderful are the works of the Lord and His ways past finding out" (p. 15). Of asylums he says, "The conduct of public hospitals or institutions for the reception of lunatics needs no remark; the excellence in the management of them is its own encomium" (p. 123). Of private madhouses under the management of regular physicians, he ventured to say that "people might securely trust that in them the afflicted would be judiciously and tenderly treated, and also managed by servants selected and instructed with such judgment as will make them as zealous of their own character and reputation, as of the honour of their employers. In such hands we may place implicit confidence; and a perfect assurance that in such an

abode dwells nothing offensive or obnoxious to humanity—here no greedy heir, no interested relations will be permitted to compute a time for the patient's fate to afford them an opportunity to pillage and to plunder. But such dwellings are the seats of honour, courtesy, kindness, gentleness, mercy, and whatsoever things are honest and of good report." Such was the comfortable satisfaction with which a worthy man in 1792 regarded the condition of the insane in English asylums in that year. He admits, however, that in private asylums kept by illiterate persons, compassion as well as integrity is oftentimes to be suspected, and quotes a passage from a paper written in 1791, which asserts that "if the gaolers of the mind do not find a patient mad, their oppressive tyranny soon makes him so."

The work written by Dr. Mason Cox (Fishponds, near Bristol) was the best medical treatise of the day on insanity. Unlike Cullen, he objects to "stripes" in the treatment of the insane. On the cold bath he says, "Even so late as Boerhaave we have the most vague directions for its employment; such as keeping the patient immersed till he is almost drowned, or while the attendants could repeat the Miserere. . . . The mode recommended and so successfully practised by Dr. Currie of Liverpool is certainly the best, that of suddenly immersing the maniac in the very acme of his paroxysm; and this may be easily accomplished if the patient, previously secured by a strait waistcoat, be fixed in a common Windsor chair by strong broad straps of leather or web girth" (p. 135, 3rd edit., 1813). The author observes that it is certainly worth trying whether keeping a patient for days in succession in a state of intoxication would be beneficial, where every other means has failed (p. 75).

APPENDIX C.

(Page 146.)

ASYLUMS IN OPERATION IN 1792.

Bethlem Hospital. Used for lunatics about 1400.

St. Luke's Hospital. Founded 1751.

Liverpool Royal Lunatic Hospital, associated with the Royal Infirmary. 1792.

Manchester Royal Lunatic Hospital, in connection with the Royal Infirmary. 1706. (Removed to Cheadle, 1849.)

Bethel Hospital, Norwich. 1713.

The Lunatic Ward of Guy's Hospital. 1728. (New building, 1797.)

The York Lunatic Hospital, Bootham. 1777.

St. Peter's Hospital, Bristol. Incorporated 1696.

Brooke House, Clapton (Dr. Monro's). 1759.

Hoxton Asylum. 1744.

Fonthill-Gifford, Hindon, Wilts. 1718.

Droitwich Asylum. 1791.

Belle Grove House, Newcastle-on-Tyne. 1766.

Lea Pale House, Stoke, near Guildford. 1744.

Ticehurst, Sussex. 1792.

The number of lunatics in London and in the country, returned under the Act of 1774 (14 Geo. III., c. 49), from that year to the projection of the York Retreat (1792), was 6405; and from 1792 to the Select Committee of 1815, 12,938.

In 1775 the number registered during the year was 406; and in 1791, after various rises and falls, it was also 406.

In 1792 the number rose to 491, and in 1815 to 850; the lowest being 414 in 1807, and the highest 700 in 1812.

The above list of asylums shows how scanty was the provision made for the care of the insane at the time of the

foundation of the York Retreat. I may here add that, in addition to the notice taken of this experiment by the writers on the Continent mentioned in the text, the attention of the Germans was forcibly directed to it by Dr. Max. Jacobi, of Siegburg. He visited York, and, much struck by what he witnessed there, translated into German the greater part of the "Description of the Retreat." The late superintendent of the Retreat, Dr. Kitching, who filled that office for many years with much efficiency, spent a considerable time at the Siegburg Asylum, comparing notes with Dr. Jacobi.

APPENDIX D.

(Page 173.)

9 GEO. IV., c. 40 (1828).

THE fifteen persons appointed Commissioners in Lunacy for the metropolitan district, five of whom were physicians, were paid £1 an hour, and were appointed for one year. They were to meet quarterly for the purpose of granting licences, those in the provinces being granted by justices at quarter sessions, where three or more justices were to be elected to visit the provincial licensed houses, together with at least one medical Visitor.

Three of the Commissioners were to visit licensed houses in the metropolitan district four times a year.

Two justices to visit licensed houses in the provinces, accompanied by the medical Visitor, four times a year.

An annual report was to be prepared and presented to the Secretary of State for the Home Department.

Private patients were not to be admitted to asylums without the certificates of two medical men and an order; the certificates being in force fourteen days before admission.

Pauper patients were not to be admitted without one medical certificate and the order of two justices, or an overseer and clergyman.

The proprietor of an asylum had to transmit a copy of documents to the Commissioners or justices, as the case might be.

Single patients to be received on like order and certificates. No regular visitation of this class instituted.

It should be stated that among the previous Acts, now repealed, there was a small Act passed May 2, 1815, notwithstanding the failure of Mr. Rose to induce Parliament to uudertake legislation based on the evidence given before the Committee of that year. This was the Act 55 Geo. III., c. 46, entitled, "An Act to amend an Act 48 Geo. III., c. 96 (1808), being an Act for the better Care and Maintenance of Lunatics being Paupers or Criminals in England."

The committee of visiting justices of lunatic asylums were to be elected annually.

Subscribers to lunatic asylums erected by voluntary contributions, who should unite with any county, might elect a committee of governors to act with committee of visiting justices.

Justices to fix sums to be expended in purchase of lands, houses, etc., or in erecting buildings.

Overseers of the poor to return lists of all lunatics and idiots within their parishes, verified on oath and accompanied with a medical certificate.

When any asylum could accommodate more lunatics, magistrate might order an addition under certain regulations.

APPENDIX E.

(Page 188.)

8 AND 9 VICT., C. 100 (1845).

THE following are the clauses of the Act which provide for the expense of carrying out its provisions.

By this statute it was enacted, after repealing 2 and 3 Will. IV., c. 107; 3 and 4 Will. IV., c. 64; 5 and 6 Will. IV., c. 22; 1 and 2 Vict., c. 73; 3 Vict., c. 4; 5 and 6 Vict., c. 87, that the Commissioners in Lunacy under 5 and 6 Vict., c. 84, should be henceforth called "the Masters in Lunacy," and that new Commissioners in Lunacy should be appointed. The Commissioners were to grant licences for the reception of lunatics within a certain jurisdiction of the metropolis; justices of the peace in general or quarter sessions licensing houses for the reception of lunatics and appointing Visitors in all other parts of England and Wales, including a medical man. For every licence granted a sum to be paid of ten shillings for every private patient and two shillings and sixpence for every pauper, or so much more as shall make up the sum of fifteen pounds, these moneys being applied towards the payment of the expenses of the Commissioners or any charge incurred by their authority. The secretary of the Commissioners to make out an annual account of moneys received and paid by him in the execution of the Act, to be laid before the Lords Commissioners of the Treasury, the balance (if any) to be paid into the Exchequer to the account of the Consolidated Fund, such accounts being laid before Parliament every year, the Treasury being empowered to pay out of the Consolidated Fund any balance of payments over receipts which may be necessary. With regard to the application of moneys received by the clerk of the peace for provincial licences, they were to be applied towards the payment of the clerk to the Visitors for the county,

and the remuneration of the medical Visitors, and other expenses incurred in the execution of the Act, the accounts being laid before the justices at the general or quarter sessions, who shall direct the balance (if any) to be paid into the hands of the treasurer of the county or borough in aid of the rate; any balance of payment over receipts being paid out of the county or borough funds.

There was paid into the Exchequer in the year ending March 31, 1880, £1376 for licences in the metropolitan district, besides £18 stamps. Lunacy Board expenses, £15,064.

I have not any accurate returns of the amounts received from the provincial houses, but on a rough estimate these licences produce to the counties in the aggregate £1452, and £30 to the Imperial Exchequer, per annum.

In the following year, August 26, 1846, an Act was passed "to amend the Law concerning Lunatic Asylums and the Care of Pauper Lunatics in England," and was to be construed with 8 and 9 Vict., c. 126. There were only twelve sections. It was passed to clear up doubts which had been entertained as to the meaning of certain clauses in the above Act. It was repealed by 16 and 17 Vict., c. 97.

APPENDIX F.

(Page 190.)

AFTER the legislation of 1853, the Acts referred to at p. 190 and p. 188 constituted, with 8 and 9 Vict., c. 100, and 15 and 16 Vict., c. 48, and the Acts relative to criminal lunatics, the then code of Lunacy Law.

Lord St. Leonards' first Act, p. 188 (16 and 17 Vict., c. 70), enacts that when the Commissioners shall report to the Lord Chancellor that they are of opinion that the property of any

lunatic, not so found by inquisition, is not duly protected, or the income thereof not duly applied for his benefit, such report shall be deemed tantamount to any order or petition for inquiry supported by evidence, and the case shall proceed as nearly as may be in all respects as therein directed upon the presentation of a petition for inquiry.

The next Act (16 and 17 Vict., c. 96) prescribes amended forms of orders and certificates, notices of admission, and of the medical visitation book.

The requirements on the part of the medical man signing the certificate are laid down.

Empowers proprietors or superintendents of licensed houses (with consent of Commissioners) to entertain as a boarder any patient desiring to remain after his discharge, or any relation or friend of a patient.

Authorizes amendment of any order or certificate within fourteen days after admission of patient.

Permits the Commissioners to allow medical visitation of single patients less frequently than once a fortnight.

Empowers one or more Visitors to visit single patients at request of Commissioners, and report to them their condition.

Directs that the medical man who visits a single patient shall make an annual report to the Commissioners of the mental and bodily health of such patient.

Empowers the Lord Chancellor to discharge single patients.

Directs that notice of the recovery of every patient shall be sent to his friends, or in case of a pauper to his parish officers, and in case of death of a patient in any hospital or licensed house, a statement of the cause, etc., to the coroner.

Authorizes transfer of a private patient (with consent of two Commissioners) from one asylum, hospital, or licensed house to another, without any fresh order or certificate, and similarly as to single patients.

Empowers the Lord Chancellor, on the representation of the Commissioners, to require a statement of the property and

application of the income of any person detained as a lunatic under an order and certificates.

Extends to the Commissioners the powers vested in the private committee, as to single patients, by the Act 8 and 9 Vict., c. 100, s. 111.

Repeals s. 27 of 8 and 9 Vict., c. 100, as to the visitation of workhouses; and enacts that one or more Commissioners shall visit such workhouses as the Board shall direct.

Authorizes the Commissioners in urgent cases to employ any competent person to visit any lunatic and to report to them.

Directs committee of every hospital to submit regulations to the Secretary of State for approval, and to send a copy to Commissioners.

Empowers Commissioners, with sanction of the Secretary of State, to make regulations for the government of licensed houses.

Enacts that Bethlem Hospital shall be subject to the provisions of Act 8 and 9 Vict., c. 100.

The third Act (16 and 17 Vict., c. 97) repeals the several Acts then in force respecting county and borough lunatic asylums, and re-enacts most of the provisions therein contained, with certain additions and improvements.

It authorizes justices of boroughs, instead of providing asylums for their own use, or in arranging with counties, etc., to contract with the Visitors of any asylum for the reception of their pauper lunatics, in consideration of certain payments.

The powers of the Visitors were enlarged in many ways.

When a county or borough asylum can accommodate more than its own pauper lunatics, the Visitors are empowered to permit the admission of the pauper lunatics of any other county or borough, or lunatics who are not paupers, but proper objects to be admitted into a public asylum, such non-pauper patients to have the same accommodation, in all respects, as the pauper lunatics.

The Visitors are directed to appoint a medical officer to be superintendent of the asylum.

They are empowered to grant superannuation annuities to the officers and servants.

They are directed to make an annual report to the general or quarter sessions of the state of the asylum.

Every pauper lunatic, not in an asylum, hospital, or licensed house, is to be visited every quarter by the medical officer of the parish or union, who is to make return thereof; and the medical officer is to be paid two shillings and sixpence for every visit.

The forms of orders, statements, and medical certificates are amended, and the medical officers of unions are permitted to sign certificates.

The medical man certifying is required to state his qualification, when and where the patient was examined, and to specify facts indicating insanity; distinguishing facts observed by himself from those communicated to him by others.

Visitors are empowered to order the removal of pauper patients to and from asylums, and also to discharge or permit the absence on trial of any patient. The Commissioners are empowered to direct the removal of any lunatic from any asylum, hospital, or licensed house to any other.

The person signing the order for admission of a private patient into an asylum may discharge such patient, subject, in the case of dangerous lunatics, to the consent of the visiting justices. Any person having authority to discharge a private patient is empowered (with consent of two Commissioners) to transfer him to another asylum or to the care of any person.

Orders and certificates, if defective, may be amended within fourteen days.

Patients escaping may be retaken within fourteen days.

This statute did not re-enact the clause contained in the Act it repealed respecting workhouses.

18 AND 19 VICT., C. 105 (1855).

In 1855 was passed the Act 18 and 19 Vict., c. 105, "to amend the Lunatic Asylum Acts and the Acts passed in the Ninth and Seventeenth Years of Her Majesty, for the Regulation of the Care and Treatment of Lunatics."

By this statute it was enacted that any single county or borough might unite with the subscribers to a registered hospital, and that the proportion of expenses between any county and borough might be fixed with reference to accommodation likely to be required.

Other sections provide in detail for the maintenance of county and borough asylums, and other matters which it is unnecessary to enumerate.

APPENDIX G.

(Page 195.)

A SHORT summary is added of the provisions in force at the time of the Select Committee of 1859–60, for the protection of private patients. They remain essentially the same.

In the metropolis, the power of licensing is exclusively in the hands of the Metropolitan Commissioners. In the provincial districts it rests with the justices at quarter sessions. These licenses are annually renewed, and they may be revoked by the Lord Chancellor. The patients are admitted upon an order signed by some relative or friend, with a statement of all the particulars of the case. This statement must be supported by the certificates of two medical practitioners, who, having examined the patient separately within seven days previous to the reception, state that he is a person of unsound mind, and a proper person to be detained under care and treatment. It must also specify the grounds upon which their

opinion has been formed, viz. the facts observed by themselves or communicated by others. After two and before the expiration of seven clear days, the proprietor or superintendent of the licensed house must transmit to the Commissioners, and also to the visiting justices, if the licensed house is within their jurisdiction, a copy of the order and certificates. The licensed house must be visited by two of the Commissioners, four times at least every year, if it lies within their immediate jurisdiction; and if beyond, it must be visited four times at least by Visitors appointed by the justices, one of whom shall be a medical man, and twice at least by two of the Commissioners. In the course of such visits, inquiries are directed to be made as to the occupation, amusement, classification, condition, and dietary of the different patients, and also whether a system of non-coercion has been adopted or not; and where it shall appear, either to the Commissioners or to the visiting justices, that a patient is detained without sufficient cause, they have the power, under certain conditions, of ordering his discharge. When a patient recovers, the proprietor or superintendent is required to send notice of such recovery to the person who signed the order for his reception; and if such patient is not discharged or removed within fourteen days, the proprietor is required immediately to transmit a similar notice to the Commissioners or visiting justices, as the case may be. When a patient dies, the medical practitioner who attended such patient during his illness is to cause a statement to be entered in the case-book, setting forth the time and cause of death, and the duration of the disease of which the patient died, and a copy of such statement, within two days, must be transmitted to the coroner. In addition to these specific provisions, the Commissioners have power from time to time to make regulations for the government of any of these licensed houses, and they must report annually to the Lord Chancellor the number of visits they have made, the number of patients they have seen, the state and condition of the house, the care of the patients therein, and such other particulars as they may think deserving of notice (p. vi.).

25 AND 26 VICT., C. 111, "THE LUNACY ACTS AMENDMENT ACT, 1862."

In consequence of the importance of the Act of 1862, the Commissioners issued the following circular noting its chief provisions :—

Private Patients.

Sec. 23.—The order must be dated within one month prior to reception; the person signing the order must himself have seen the patient within one month prior to its date; and a statement of the time and place when the patient was so seen must be appended to the order.

Sec. 25.—When possible, every order must contain the name and address of one or more relations of the lunatic, to whom notice of the death of a lunatic must be sent.

Sec. 24.—Besides the persons hitherto prohibited from signing certificates and orders, the following also are now disqualified :—Any person receiving any percentage on or otherwise interested in the payments for patients, and the medical attendant as defined in the Lunacy Act, c. 100. Also 15 and 16 Vict., c. 96, s. 12; c. 97, s. 76.

Sec. 26.—Where a patient received as a pauper is made a private patient, no fresh order or certificate is required, and *vice versâ*.

Sec. 28.—With the exception of the statement by the medical officer as to a patient's mental and bodily condition, all the documents heretofore required to be sent to the Commissioners after two or before seven clear days from the reception of the patient, must in future be sent within one clear day from such reception. The medical officer's statement is, as heretofore, not to be sent until after two and before seven clear days.

Letters of Patients.

Sec. 40.—Without special directions to the contrary, letters addressed to the Commissioners, committees of Visitors,

committees of a hospital, and the Visitors of licensed houses, must be forwarded unopened. Other letters must also be forwarded, unless, by an endorsement thereon, the superintendent or other person having charge of patients should prohibit their transmission. Letters so endorsed to be laid before Commissioners, committees, or Visitors at next visit.

Sec. 38.—Absence on trial may be permitted to patients, in the same way as leave of absence for the benefit of health is permitted under s. 86, c. 100.

Sec. 43.—In the absence of any person qualified to discharge, a discharge or removal may be ordered by the Commissioners.

Pauper Patients.

Sec. 25.—The order must contain the name and address of one or more relations of the lunatic, and notice of the death of the lunatic must be sent to such relation.

Sec. 38.—A pauper permitted to be absent on trial from a licensed house or hospital may have such an allowance made to him by order of the Commissioners, Visitors, or committees as would be charged for him were he in the house or hospital.

Licensed Houses and Hospitals.

Secs. 14 and 15.—No fresh licence can be granted by justices without inspection and report by the Commissioners. Notices of alterations in houses licensed by justices must be given to Commissioners. Their report must be considered by the justices before licence is granted or alterations are consented to.

Sec. 16.—The physician, surgeon, or apothecary not being a licensee, where any such is by law required to reside in or visit a licensed house, must in the metropolitan district be approved of by the Commissioners, and in the provincial district by the visiting justices.

A penalty is imposed on any person infringing the terms of his licence as to numbers, sex, or class.

Sec. 18.—With consent of two of the Commissioners, or, in the case of the provincial licensed houses, of two of the Visitors,

a person who may have been a patient within five years immediately preceding, may be received as a boarder into a licensed house (extension of c. 96, s. 6).

Sec. 29.—Licensed houses may be visited at any time by one or more of the Commissioners or Visitors, but in the metropolitan district they must be so visited twice in the year, in addition to the present visits by two Commissioners, and in the provincial districts similarly by Visitors. Commissioners and Visitors visiting singly have substantially the same powers of inspection and inquiry as when visiting together. To these the sixty-second section of the Act does not apply.

Sec. 39.—A penalty is now imposed on any officer or servant conniving at an escape.

Sec. 43.—In the absence of any person qualified under ss. 72, 73, c. 100, the Commissioners may order discharge or removal of a patient.

Sec. 38.—Absence on trial may be permitted to patients, in the same way as leave of absence for the benefit of health is permitted under s. 86, c. 100.

Medical Certificates.

Sec. 27.—Where medical certificates have been returned with a written direction of the Commissioners for amendment, and such amendment shall not have been made within fourteen days, the Commissioners may order the patient's discharge.

Sec. 22.—Lunatics so found by inquisition may be received without certificate on an order of the committee, accompanied by an official copy of the order appointing such Committee.*

Workhouses.

The Poor Law Board issued a circular at the same time. The only paragraph which it is of interest to cite here is the following:—"The eighth section empowers the Visitors of any asylum and the guardians of any parish or union within the

* Seventeenth Report of Commissioners in Lunacy, 1863.

district for which the asylum has been provided, if they shall see fit, to make arrangements, subject to the approval of the Commissioners in Lunacy and the President of the Poor Law Board, for the reception and care of a limited number of *chronic lunatics* in the workhouse of such parish or union, to be selected by the superintendent of the asylum and certified by him to be fit and proper so to be removed. The Board are at present not aware of any workhouse in which any such arrangement could conveniently be made; but they will be ready to consider any such proposals on the subject when the Visitors of the Board of Guardians of any union shall find it convenient or practicable to act upon this clause."

APPENDIX H.

(Page 205.)

EXTRACT from the *British and Foreign Medical Review*, January, 1840 :—

"In this particular there is apparently no asylum in England which presents so remarkable a model as that of Lincoln. Of all the works that have appeared on the subject of lunatic houses since the publication of Mr. Tuke's account of the Retreat, there is none which contains matter more deserving of attention than that recently published by Mr. Hill. His lecture is little more than a simple commentary on the resolutions of the board of management of the Lincoln Asylum for twenty years past; during which period, under the superintendence of Dr. Charlesworth, and latterly with the vigilant co-operation of Mr. Hill himself, as house surgeon, almost every kind of bodily restraint is stated to have gradually fallen into disuse as superfluous, a mere substitute for want of watchful care. . . . If the Lincoln Asylum can present a model of this kind, which

all may visit and examine, the services of Dr. Charlesworth to the cause of humanity and in behalf of the insane, already considerable, will only be second to that of him who first released them from their chains."

On this Mr. Hill observes, July 8, 1840:—

"At last the first Medical Review in Europe took up the subject, and placed most deservingly Dr. Charlesworth in a striking position as to the non-restraint system, and also honoured myself with approbation."

The following extracts from the Orders in the Lincoln Asylum books * are essential to the right understanding of the introduction of non-restraint there. Dr. Charlesworth was visiting physician from its opening in 1821; Mr. Hill was appointed house surgeon in 1835.

"1828. *Ordered*—That the use of the strait waistcoat be discontinued in this institution except under the special written order of the physician of the month.

"1828, October 13. Ordered and resolved—That the physicians be requested to consider whether it be possible to make any improvement in the means of restraint now in use, and especially for obviating the use of the strait waistcoat."

Extract from the Fifth Report of the Lincoln Lunatic Asylum, 1829, April:—

"The governors have particularly directed their views to the subject of coercion and restraint, well aware of their injurious consequences to the patients. . . . The construction of the instruments in use having also been carefully examined, they have destroyed a considerable proportion of those that were not of the most improved and least irritating description, and hope hereafter to introduce still further amelioration into this department."

Extract from the House Visitor's Report, 1829, August 17:—

"Every attention seems to be paid to the patients, whose general state has, I understand, for some time past, been so

* As given in the *Journal of Mental Science*, July, 1870.

generally good that it is gratifying to say that the strait waistcoat has almost become useless."

Extract from the Seventh Annual Report, 1831, March 28:—

"Heretofore it was conceived that the only intention of a receptacle for the insane was the safe custody of the unhappy objects, by any means, however harsh and severe. These views are now passing away, and the fair measure of a superintendent's ability, in the treatment of such patients, will be found in the small number of restraints which are imposed. The new director has answered this test in a very satisfactory manner."

The new director here referred to was Mr. Henry Marston. The following note is appended to this report:—

"As early as the 24th day of November last (viz. Nov., 1830, five years before Mr. Hill's appointment), there was not any patient in the house under restraint, unless one wearing a collar, which leaves all the limbs quite at liberty, can be so considered. This gratifying occurrence has taken place more than once since that time."

Extract from the Ninth Annual Report, 1833, April:—

"It is unceasingly an object in this institution, and should form a prominent point in the annual reports, to dispense with or improve as much as possible the instruments of restraint."

Extract from the House Visitor's Report, 1834, August 4th to 10th inclusive:—

"I have much satisfaction in being able to state that not a single male patient has been under restraint since the 16th of July, and not one female patient since the 1st of August, and then only for a few hours."

At this time Mr. Hadwen held the appointment of house surgeon.

Extract from the Governor's Memorandum Book, 1835, July 8th:—

"Resolved,—That this Board, in acknowledging the services of Mr. Hadwen during the period of fifteen months that he held the situation of house surgeon of this institution, feel

called upon to express their high approbation of the very small proportion of instances of restraint which have occurred amongst the patients under his care."

Extract from *Edinburgh Review*, April, 1870:—

"But to Conolly belongs a still higher crown, not merely for his courage in carrying out a beneficent conception on a large scale and on a conspicuous theatre, but for his genius in expanding it. To him, hobbles and chains, handcuffs and muffs, were but material impediments that merely confined the limbs; to get rid of these he spent the best years of his life; but beyond these mechanical fetters he saw there were a hundred fetters to the spirit, which human sympathy, courage, and time only could remove.

"Perfect as was the experiment carried out at Lincoln Asylum, the remoteness of that institution from the great centre of life, and the want of authority in its author, would no doubt have prevented its acceptance for years by the physicians of the great county asylums so long wedded to old habits. It was for some time treated as the freak of an enthusiastic mind, that would speedily go the way of all such new-fangled notions; and no doubt it would, had not an irresistible impulse been given to it by the installation of Dr. Conolly at Hanwell, where, with a noble ardour, he at once set to work to carry out in the then largest asylum in the kingdom the lesson he had learned at Lincoln."

Dr. Conolly's works bearing on mental disorders, in addition to his "Lectures on Insanity," were as follows:—

1. "An Inquiry concerning the Indications of Insanity, with Suggestions for the better Protection and Care of the Insane." 1830.

2. "The Construction and Government of Lunatic Asylums and Hospitals for the Insane." 1847.

3. "The Treatment of the Insane without Mechanical Restraints." 1856.

See "Memoir of Dr. Conolly." By Sir James Clark. 1869.

APPENDIX I.

(Page 236.)

THE Commissioners give, in their Report for 1857, a table in support of the statement at p. 236, but it is not borne out by the *average* of the six largest and six smallest county asylums.

Asylum.	Daily average number of patients.	Average weekly cost per head.
		s. *d.*
Colney Hatch	1257	9 10
Hanwell	1020	10 5¾
Surrey	934	8 8¾
Wakefield	803	7 4
Lancaster	710	8 1½
Prestwich	509	7 10
	Average number 872	Average cost 8 8½
Dorset	155	8 1
Denbigh	189	9 8¾
Bucks	192	10 8
Notts	216	10 5
Cornwall	238	8 3¾
Chester	278	8 6
	Average number 211	Average cost 9 3

APPENDIX K I.

(Page 258.)

THE sketch of the rise and growth of county asylums and registered hospitals would not be complete without giving the provision obtained, up to the present time, by means of rates

on the one hand and private charity on the other. We are not concerned here with private asylums.

The following are the asylums and charitable hospitals in England and Wales, January 1st, 1881, with the number of patients.

Counties.—Beds., Herts, and Hunts. (913); Berks (420), Bucks. (421), Cambridge (421); Carmarthen, Cardigan, and Pembroke (335); Chester—at Chester (521), ditto at Macclesfield (632); Cornwall (582); Cumberland and Westmoreland (447); Denbigh, Anglesea, Carnarvon, Flint, and Merioneth (427); Derby (404), Devon (800), Dorset (469), Durham (944), Essex (932), Glamorgan (581), Gloucester (662), Hants (792), Hereford (364), Kent—at Maidstone (1253), ditto at Canterbury (692); Lancaster—at Lancaster Moor (1118), ditto at Rainhill (675), ditto at Prestwich (1211), ditto at Whittingham (1260); Leicester and Rutland (463), Lincoln (600); Middlesex—at Banstead (1702), Colney Hatch (2173), Hanwell (1841); Monmouth, Brecon, and Radnor (537); Norfolk (619), Northampton (557), Northumberland (432), Notts (280), Oxford (471), Salop and Montgomery (50), Somerset (733); Stafford—at Stafford (645), ditto at Burntwood (529); Suffolk (401); Surrey—at Wandsworth (1028), ditto at Brookwood (1050); Sussex (802), Warwick (644), Wilts (586), Worcester (766); York—North Riding, York (525); ditto West Riding, Wakefield (1400); ditto West Riding, Sheffield (1125); ditto East Riding, Beverley (260).

Boroughs.—Birmingham (676), Bristol (387), Hull (163), Ipswich (249), Leicester (392), City of London (380), Newcastle-on-Tyne (248), Norwich (171), Nottingham (262), Portsmouth (375).

Metropolitan District Asylums.—Leavesden, Herts (1990); Darenth, Kent (687); Caterham, Surrey (2039).

Hospitals.—Manchester Royal Lunatic Hospital, Cheadle (183); Wonford House, Exeter (93); Barnwood House, Gloucester (111); Lincoln Lunatic Hospital (56); St. Luke's Hospital (199); Bethel Hospital, Norwich (74); St. Andrew's

Hospital, Northampton (314); Nottingham Lunatic Hospital (66); Warneford Asylum, Oxford (68); Coton Hill, Stafford (146); Bethlem Hospital (265); Bootham Asylum, York (187); The Retreat, York (151).

Idiot Establishments. See chapter viii., pp. 307–319.

Naval and Military Hospitals and India Asylum.—Royal Military Hospital, Netley (34); Royal India Lunatic Asylum, Ealing (105); Royal Naval Hospital, Yarmouth (168).

Criminal Asylum.—Broadmoor (491). See chapter v.

The total number of ascertained lunatics and idiots in England and Wales, January 1st, was as follows:—

	Location.	Private.			Pauper.			Total.		
		M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
61	county and borough asylums (51 and 10)	230	309	539	18,427	22,389	40,816	18,657	22,698	41,355
16	registered hospitals	1,454	1,346	2,800	92	56	148	1,546	1,402	2,948
	Licensed houses—									
55	Metropolitan ...	1,030	836	1,866	198	447	645	1,228	1,283	2,511
59	Provincial ...	738	816	1,554	257	304	561	995	1,120	2,115
3	naval and military hospitals, and Royal India Asylum ...	288	19	307	—	—	—	288	19	307
1	criminal lunatic asylum (Broadmoor) ...	172	55	227	199	65	264	371	120	491
	Workhouses—									
	Ordinary workhouses	—	—	—	5,211	6,882	12,093	5,211	6,882	12,093
	Metropolitan district asylums ...	—	—	—	2,144	2,574	4,718	2,144	2,574	4,718
	Private single patients	175	273	448	—	—	—	175	273	448
	Outdoor paupers ...	—	—	—	2,358	3,769	6,127	2,358	3,769	6,127
175	Total ...	4,087	3,654	7,741	28,886	36,486	65,372	32,973	40,140	73,113*

* Exclusive of 224 Chancery patients residing with their committees.

APPENDIX K II.

(Page 276.)

IT should have been stated in the text that the ratio of the insane there given to the number of those tried, only refers to those tried for murder. I am indebted to Dr. Guy for the following additional figures, extracted from the last volume of the Judicial Statistics :—

	1875.	1876.	1877.	1878.	1879.	1880.
Sentenced to death ...	33	32	34	20	34	28
Executed	18	22	22	15	16	13
Subsequently certified as insane and sent to Broadmoor	1	1	2	1	4	1

The following figures for 1878 are of interest :—

Removed by order of Secretary of State, acquitted as insane ...	33·2
Ditto, becoming insane after trial	22·2
Ditto, becoming insane after committal	23·5
Ditto, found or declared insane	20·9
Committed by justices—dangerous lunatics	0·2
	100·0

The last figure is in striking contrast with the return from Ireland, where, on account of the peculiarity of the law, the justices committed 1276 as dangerous lunatics, out of 1393 sent to asylums in the same year.

APPENDIX L.

(Page 284.)

SINCE Broadmoor was opened, in 1863, to January 1, 1881, the number of persons admitted was 1322; the re-admissions were 27, making 1349 cases. The number discharged recovered was 108; the number recovered and sent back to prison to finish their sentences, 59; making a total of recoveries of 167, or 12·37 per cent. of the admissions. There were transferred to other asylums, being still insane, 452; and 234 died, or 2 per cent. on average number resident. Twenty-one patients escaped and were recaptured, 3 escaped and were not recaptured. The number remaining January 1, 1881, was 490.

Of these, 19 were affected with epilepsy; 13 with paralysis; and 4 with epilepsy and paralysis.

The principal crimes were as follows:—For murder, 220; attempt to murder, 122; arson, 28; larceny and petty theft, 25; insubordination as soldiers, 18; burglary and housebreaking, 16; manslaughter, 10.

With reference to the period at which insanity was recognized, 39 were certified to be insane whilst awaiting trial or judgment; 117 were found insane by jury on arraignment; 244 were acquitted on the ground of insanity; 13 were reprieved on the ground of insanity; and 77 were certified insane whilst undergoing sentence of penal servitude.

Of 230 who had committed homicide, 93 had killed their own children; 23 their wives; 8 women to whom engaged; 7 the mother, and 4 the father; while 18 had killed fellow patients in asylums.

APPENDIX M.

(Page 298.)

THE following are some of the statistics of the duties performed in the office of the Masters in Lunacy during the year ending October 31, 1879 :—

Orders for inquiry in Commissions of Lunacy executed by Masters in Lunacy	115
Reports made to the Lord Chancellor	248
Summonses for proceedings before the Masters	5739

REGISTRAR IN LUNACY.

Petitions presented for hearing	253
Ditto for orders for inquiry, and for orders under Lunacy Regulation Act, 1862	179
Orders made for inquiry (Commissioners in Lunacy)	119
Number of orders made in pursuance of the Lunacy Regulation Act, 1862, for the application of properties of small amounts for the maintenance of lunatics	51

CASH ACCOUNTS.

Amount of receipts included in accounts and affidavits of committees and receivers of lunatics' estates, taken and passed by the Masters	£882,481
Amount of disbursements and allowances thereon ...	766,220
Percentage on lunatics' incomes under general order ...	21,140
Amount of stock directed to be transferred into court ...	144,439
Amount of stock directed to be sold or transferred out ...	325,925
Amount of stock directed by orders in lunacy to be transferred, or otherwise than into court	2,092,038

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